
State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Filing at a Glance

Company: Kaiser Foundation Health Plan of Colorado
Product Name: KFHP CO Direct Pay
State: Colorado
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Rate
Date Submitted: 05/14/2013
SERFF Tr Num: KFHP-129012749
SERFF Status: Closed-Filed
State Tr Num: 278032
State Status: Filed
Co Tr Num: 2014.01 KFHP CO KPIF

Implementation: 01/01/2014
Date Requested:
Author(s): Aaron Ekstrom, Miranda Ross, Emmie Munthali
Reviewer(s): Michael Muldoon (primary), Cathy Gilliland, Nichole Boggess, Amy Filler, Rachel Plummer
Disposition Date: 07/30/2013
Disposition Status: Filed
Implementation Date: 01/01/2014

State Filing Description:
SERFF Binder Filing: KFHP-CO14-125001173

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

General Information

Project Name: 2014.01 KFHP CO Direct Pay Rate Filing
Project Number: 2014.01 KFHP CO Direct Pay
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 07/30/2013
State Status Changed: 07/26/2013
Created By: Miranda Ross
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions:

New products include those to be sold on the CO State Exchange

Filing Description:

The enclosed exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) individual products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing is to comply with current and developing Federal and State requirements as indicated by the Affordable Care Act (ACA) and corresponding regulations and interpretations. This filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014.

State Narrative:

Effective Date of Rate Change: 1/1/2014 through 12/31/2014

Average Rate Change Requested: This is a New ACA Compliant Filing for 2014

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

On-Exchange Plans

Gold: 6 plans

Silver: 6 plans

Bronze: 9 plans

Catastrophic: 3 plans

Off-Exchange Plans

Gold: 6 plans

Silver: 6 plans

Bronze: 9 plans

Catastrophic: 3 plans

Company and Contact

Filing Contact Information

Miranda Ross, Sr. Actuarial Associate

Miranda.J.Ross@kp.org

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

2530 S. Parker Rd. 303-306-2669 [Phone]
Suite 350 303-306-2676 [FAX]
Aurora, CO 80014

Filing Company Information

Kaiser Foundation Health Plan of Colorado	CoCode: 95669	State of Domicile: Colorado
2530 S. Parker Road	Group Code: 601	Company Type: HMO
Suite 350	Group Name:	State ID Number: CO
Aurora, CO 80014	FEIN Number: 84-0591617	
(303) 344-7489 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No

Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 805

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Cathy Gilliland	07/30/2013	07/30/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Michael Muldoon	07/10/2013	07/10/2013
Pending Industry Response	Rachel Plummer	07/09/2013	07/09/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Rachel Plummer	06/10/2013	06/10/2013
Pending Industry Response	Cathy Gilliland	05/29/2013	05/29/2013
Pending Industry Response	Cathy Gilliland	05/16/2013	05/16/2013
Pending Industry Response	Cathy Gilliland	05/16/2013	05/16/2013

Response Letters

Responded By	Created On	Date Submitted
Miranda Ross	07/11/2013	07/11/2013
Miranda Ross	07/11/2013	07/11/2013
Miranda Ross	07/17/2013	07/17/2013
Miranda Ross	06/13/2013	06/21/2013
Miranda Ross	06/04/2013	06/04/2013
Miranda Ross	05/21/2013	05/29/2013
Miranda Ross	05/20/2013	05/29/2013

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Manual	Miranda Ross	07/29/2013	07/29/2013
Supporting Document	Actuarial Memorandum and Certifications	Miranda Ross	07/29/2013	07/29/2013
Supporting Document	Unified Rate Review Template	Miranda Ross	07/29/2013	07/29/2013
Supporting Document	Attachment II	Miranda Ross	07/29/2013	07/29/2013
Supporting Document	Exhibits 2-12	Miranda Ross	07/29/2013	07/29/2013
Supporting Document	Amendment_2013.07.29	Miranda Ross	07/29/2013	07/29/2013
Supporting Document	Unified Rate Review Template	Miranda Ross	07/18/2013	07/18/2013
Supporting Document	Amendment_2013.07.18	Miranda Ross	07/18/2013	07/18/2013
Supporting Document	Addendum_2013.06.05	Miranda Ross	06/05/2013	06/05/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
URRT Instructions	Note To Filer	Rachel Plummer	07/11/2013	07/11/2013
Disregard Objection	Note To Filer	Amy Filler	07/11/2013	07/11/2013

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Disposition

Disposition Date: 07/30/2013
Implementation Date: 01/01/2014
Status: Filed

HHS Status: HHS Approved
State Review: Reviewed by Actuary

Comment: see attached letter

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of Colorado	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Percent Change Approved:

Minimum:	0.000%
Maximum:	0.000%
Weighted Average:	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Exhibit I		Yes
Supporting Document (revised)	Attachment II		Yes
Supporting Document	Attachment II		Yes
Supporting Document	Attachment II		Yes
Supporting Document	Attachment II		Yes
Supporting Document	Vaughn Index		Yes
Supporting Document (revised)	Exhibits 2-12		No
Supporting Document	Exhibits 2-12		No
Supporting Document	Appendix I & II		No
Supporting Document	Addendum_2013.06.05		Yes
Supporting Document	Retention Exhibit		Yes
Supporting Document	Amendment_2013.07.18		Yes
Supporting Document	Amendment_2013.07.29		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes

Final Disposition Letter

State Tracking # 278032

Company: Kaiser Foundation Health Plan (KFHP)

Product Line: Individual HMO Plans

Rate Change Summary

Effective Date of Rate Change: 1/1/2014 through 12/31/2014

Average Rate Change Requested: This is a New ACA Compliant Filing for 2014

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

On-Exchange Plans

Gold: 6 plans

Silver: 6 plans

Bronze: 9 plans

Catastrophic: 3 plans

Off-Exchange Plans

Gold: 6 plans

Silver: 6 plans

Bronze: 9 plans

Catastrophic: 3 plans

Rate Methodology

Experience Used for Rate Setting: KFHP Individual Non-Grandfathered experience from 2012, containing an average of 11,333 lives enrolled.

Annual Health Cost Trends: 7.4% (medical 7.0% and pharmacy 10.0%).

Risk Adjustment: -4.4% (assumed plan's 2014 average health risk will be higher than overall population)

Reinsurance Recoveries: -5.1% (payments expected from the federal Reinsurance Program in 2014).

Smoking Factor: 15% higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Premium Retained to Cover Expenses, Taxes Fees and Profits

	% of Premium
<u>Issuer Primary Expense and Profit Retention</u>	<u>Retained</u>
Administrative Expenses:	11.00%
Commissions:	3.00%
Medical Management:	3.00%
Capital and Contingency Margin:	1.00%
FIT - Federal Income Taxes (includes taxes on profit & contingencies):	0.00%
Investment Income:	0.00%
(A) Total:	18.00%

Final Disposition Letter

Retention for Additional Required Taxes, Fees and Assessments

	PPACA Health Insurer Fee and PCORI Fee:	0.65%
	PPACA Reinsurance Fee and RA Fee:	1.90%
	PPACA CERF Fee:	0.00%
	PPACA Risk Adjustment User Fee:	0.03%
	PPACA PCORI Fee:	0.06%
	Exchange user fees:	0.72%
	Premium Taxes:	0.00%
	State Income Taxes:	0.00%
	Community Charitable	2.00%
(B)	Total:	5.36%
(C)	Total Premium Retention For All Purposes (A + B):	23.36%
(D)	Colorado Conventional Loss Ratio (100% - C):	76.64%
(E)	* Quality Improvement Expenses:	3.10%

Federal MLR Loss Ratio Basis: (D + E) / (100% - B - FIT): 84.26%

Sample Final Rates

	Denver				Fort Collins				Pueblo			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	LOW	High	Low	High	Low	High	Low	High	Low	High	Low	High
Gold	\$225.22	\$245.99	\$675.66	\$737.96	\$213.96	\$233.69	\$641.88	\$701.07	\$270.27	\$295.19	\$810.79	\$885.56
Silver	\$191.83	\$209.52	\$575.49	\$628.54	\$182.24	\$199.04	\$546.72	\$597.11	\$230.20	\$251.42	\$690.59	\$754.25
Bronze	\$145.70	\$183.97	\$437.08	\$551.91	\$138.41	\$174.77	\$415.23	\$524.31	\$174.84	\$220.77	\$524.50	\$662.29
Catastrophic	\$147.82	\$153.64	\$443.46	\$460.92	\$140.43	\$145.96	\$421.28	\$437.87	\$177.39	\$184.37	\$532.15	\$553.10

Division Objections and Rate Changes During the Review Process

Kaiser adjusted rates to correct for rounding differences in the rate data template that were within \$1 per rate.

Kaiser adjusted benefit designs for one Bronze plan as required by the Division.

Approved Rates

The Division has approved the rates filed in their final form after all adjustments.

Final Disposition Letter

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/10/2013
Submitted Date	07/10/2013
Respond By Date	07/11/2013

Dear Miranda Ross,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum and Certifications (Supporting Document)

Comments:

Refer to the attached retention summary.

Please review for any items that should be adjusted or clarified.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Sincerely,

Michael Muldoon

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Attachment KFHP Ind Consumer Retention exhibit.xlsx is not a PDF document and cannot be reproduced here.

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/09/2013
Submitted Date	07/09/2013
Respond By Date	07/11/2013

Dear Miranda Ross,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please submit the URRT for this rate filing into HIOS.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/11/2013, which is within 2 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/11/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/11/2013

Dear Miranda Ross,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a new rate manual in the following format:

*Base Premium = (Age Factor) * (Plan Benefit Factor) * (Network Factor) * (Area Factor) * (Tobacco Factor) * (Any other factors built into the rate)*

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor. Please be sure that all plan ids are mentioned on the manual.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/11/2013, which is within 6 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/11/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/10/2013
Submitted Date	06/10/2013
Respond By Date	06/24/2013

Dear Miranda Ross,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Credibility of Experience" section of the Part III Actuarial Memorandum. In this section issuers must provide support for the credibility level assigned to their base period experience, with the complement being applied to a credibility manual. The requested information will include items such as: Description of the Credibility Methodology Used, and Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology. This portion of the Part III Act Memo should follow the "Credibility Manual Rate Development" section. For more information, please see the HHS Part III Actuarial Memorandum and Certification Instructions. If no experience is applicable, please specify within the document.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/24/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/24/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/29/2013
Submitted Date	05/29/2013
Respond By Date	06/05/2013

Dear Miranda Ross,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Regulation 4-2-11 section 6 (A) PPACA rate filing procedure (A) 5 Please provide; Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Objection 2

Comments: If there are any excel docs attached, please also provide them in a PDF doc as we are having issues with excel attachments.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/16/2013
Submitted Date	05/16/2013
Respond By Date	05/30/2013

Dear Miranda Ross,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the % on the rate rule schedule even if it is zero. (0%)

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/30/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/30/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/16/2013
Submitted Date	05/16/2013
Respond By Date	05/30/2013

Dear Miranda Ross,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please correct and add state codes: 645 Non-grandfathered-850 Individual

Objection 2

Comments: Please provide the Unified rate review template in a xls doc. We are not able to download the xml doc.

Objection 3

Comments: Please indicate which of the following PPACA benefits your plan has implemented:

Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA

Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA

Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA

Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA

Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA

Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/30/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/30/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/11/2013
Submitted Date	07/11/2013

Dear Michael Muldoon,

Introduction:

Response 1

Comments:

Please see the attached exhibit.

Related Objection 1

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments:

Refer to the attached retention summary.

Please review for any items that should be adjusted or clarified.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Retention Exhibit
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_Retention Exhibit.xlsx 2014.01 KFHP CO KPIF_Retention Exhibit.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

SERFF Tracking #:	KFHP-129012749	State Tracking #:	278032	Company Tracking #:	2014.01 KFHP CO KPIF
<hr/>					
State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	KFHP CO Direct Pay				
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay				

Miranda Ross

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/11/2013
Submitted Date	07/11/2013

Dear Michael Muldoon,

Introduction:

Response 1

Comments:

Thank you for providing documentation of the requirement for filings to be submitted via HIOS. The HIOS submission of the URRT and Part III Actuarial Memorandum for this filing has now been completed.

Related Objection 1

Comments: Please submit the URRT for this rate filing into HIOS.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Miranda Ross

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/17/2013
Submitted Date	07/17/2013

Dear Michael Muldoon,

Introduction:

Response 1

Comments:

As per discussion with reviewers, the Rate Manual has been adjusted to remove three rating areas that are not within the service areas for Kaiser Foundation Health Plan. In addition, all rating factors are now rounded to three decimal points and the base rate is rounded to two decimal points. Previously, the rating factors and base rate were unrounded for the calculations of rates. These changes have resulted in revised Rate Manual, state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section), and Attachment II files. The Rate Template is being resubmitted via the Binder to reflect these changes.

Related Objection 1

Comments: Please provide a new rate manual in the following format:

Base Premium = (Age Factor) * (Plan Benefit Factor) * (Network Factor) * (Area Factor) * (Tobacco Factor) * (Any other factors built into the rate)

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor. Please be sure that all plan ids are mentioned on the manual.

Changed Items:

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	As per discussion with reviewers, three rating areas that are not within the service areas for Kaiser Foundation Health Plan have been removed from the rate filings. Additionally, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. The state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section) has been revised to reflect these changes.
Attachment(s):	2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15.xls 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF_Act Memo_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf
Satisfied - Item:	Attachment II
Comments:	As per discussion with reviewers, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. Previously, the base rate and rating factors were unrounded. The revised Attachment II reflects rates based on rounded factors and a rounded base rate.

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15.xls 2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15_PDF of Required Excel Submission.pdf
Previous Version	
Satisfied - Item:	Attachment II
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls 2014.01 KFHP CO KPIF_AttII RateSample_PDF of Required Excel Submission.pdf
Previous Version	
Satisfied - Item:	Attachment II
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	As per discussion with reviewers, three rating areas that are not within the service areas for Kaiser Foundation Health Plan have been removed from the rate filings. Additionally, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. The state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section) has been revised to reflect these changes.
Attachment(s):	2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15.xls 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF_Act Memo_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf
Satisfied - Item:	Attachment II
Comments:	As per discussion with reviewers, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. Previously, the base rate and rating factors were unrounded. The revised Attachment II reflects rates based on rounded factors and a rounded base rate.

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15.xls 2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Attachment II</i>
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls 2014.01 KFHP CO KPIF_AttII RateSample_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Attachment II</i>
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls

No Form Schedule items changed.

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

1	Rate Manual	KPIF_IX_HMO_Gold_0 New _20_EOC(01-14), KPIF_IX_DHMO_GOL D_1000_20_EOC(01- 14), KPIF_IX_DHMO_Silver _1500_30_EOC(01- 14), KPIF_IX_DHMO_Silver _2500_30_EOC(01- 14), KPIF_IX_HDHP_Silver _1750_25%_EOC(01- 14), KPIF_IX_DHMO_Silver _1500_30_CSR_EOC(01-14), KPIF_IX_DHMO_Silver _0_15_CSR_EOC(01- 14), KPIF_IX_DHMO_Silver _0_5_CSR_EOC(01- 14), KPIF_IX_HDHP_Silver _1300_20%_CSR_EO C(01-14), KPIF_IX_HDHP_Silver _500_10%_CSR_EOC (01-14), KPIF_IX_HDHP_Silver _100_5%_CSR_EOC(2014.01 KFHP CO KPIF Att I_Revised 2013.07.15.pdf,	07/17/2013 By: Miranda Ross
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SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

01-14),
 KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14),
 KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14),
 KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14),
 KPIF_IX_CAT_6350_0_EOC(01-14),
 KPIF_IX_AI_0_0_EOC(01-14),
 KPIF_OX_HMO_Gold_0_20_EOC(01-14),
 KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14),
 KPIF_OX_DHMO_Silver_1500_30_EOC(01-14),
 KPIF_OX_DHMO_Silver_2500_30_EOC(01-14),
 KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14),
 KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14),

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate/Rule Schedule Item Changes						
		KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14), KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14), KPIF_OX_CAT_6350_0_EOC(01-14)				
Previous Version						

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

1	Rate Manual	<p>KPIF_IX_HMO_Gold_0 New</p> <p>_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_GOL</p> <p>D_1000_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_1500_30_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_2500_30_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_1750_25%_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_1500_30_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_0_15_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_0_5_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_1300_20%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_500_10%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_100_5%_CSR_EOC(</p>			<p>2014.01 KFHP CO</p> <p>KPIF Att 1.pdf,</p>	<p>05/14/2013</p> <p>By: Miranda Ross</p>
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SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

01-14),
 KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14),
 KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14),
 KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14),
 KPIF_IX_CAT_6350_0_EOC(01-14),
 KPIF_IX_AI_0_0_EOC(01-14),
 KPIF_OX_HMO_Gold_0_20_EOC(01-14),
 KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14),
 KPIF_OX_DHMO_Silver_1500_30_EOC(01-14),
 KPIF_OX_DHMO_Silver_2500_30_EOC(01-14),
 KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14),
 KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14),

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes						
		KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14), KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14), KPIF_OX_CAT_6350_0_EOC(01-14)				

Conclusion:

Sincerely,
Miranda Ross

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/13/2013
Submitted Date	06/21/2013

Dear Michael Muldoon,

Introduction:

Response 1

Comments:

Please reference the *Credibility Manual Rate Development* section of the *Part III Actuarial Memorandum* for the requested information, including an explanation of the credibility assigned to the base experience.

Related Objection 1

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Credibility of Experience" section of the *Part III Actuarial Memorandum*. In this section issuers must provide support for the credibility level assigned to their base period experience, with the complement being applied to a credibility manual. The requested information will include items such as: *Description of the Credibility Methodology Used*, and *Resulting Credibility Level Assigned to Base Period Experience* when applying the proposed credibility methodology. This portion of the *Part III Act Memo* should follow the "Credibility Manual Rate Development" section. For more information, please see the *HHS Part III Actuarial Memorandum and Certification Instructions*. If no experience is applicable, please specify within the document.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Miranda Ross

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2013
Submitted Date	06/04/2013

Dear Michael Muldoon,

Introduction:

Response 1

Comments:

As discussed in the actuarial memorandum:

"KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. Products referenced herein cover the required Essential Health Benefits (EHB). KFHP is not including any benefit substitutions in its plans. Pediatric Dental coverage is included with off exchange offerings."

For additional information, the "required Essential Health Benefits" referenced above, as defined under the ACA are:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care (Pediatric Dental coverage is included within the Off Exchange product offerings only.)

KFHP is not including any benefits above the EHB requirements.

Related Objection 1

Comments: Regulation 4-2-11 section 6 (A) PPACA rate filing procedure (A) 5 Please provide; Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Changed Items:

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached PDF versions of the files required to be submitted in Excel.

Related Objection 2

Comments: If there are any excel docs attached, please also provide them in a PDF doc as we are having issues with excel attachments.

Changed Items:

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF_Act Memo_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF ActMemo.xls</i> <i>2014.01 KFHP CO KPIF Part III ActMemo.pdf</i> <i>2014.01 KFHP CO KPIF Cert.pdf</i>
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.05.21_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>201401 KFHP CO KPIF UnifiedRateReviewSubmission_2013051015256.xml</i>
Satisfied - Item:	Attachment II

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls 2014.01 KFHP CO KPIF_AttII RateSample_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Attachment II</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF_AttII RateSample.xls</i>

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF_Act Memo_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF ActMemo.xls</i> <i>2014.01 KFHP CO KPIF Part III ActMemo.pdf</i> <i>2014.01 KFHP CO KPIF Cert.pdf</i>
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.05.21_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>201401 KFHP CO KPIF UnifiedRateReviewSubmission_2013051015256.xml</i>
Satisfied - Item:	Attachment II

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls 2014.01 KFHP CO KPIF_AttII RateSample_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Attachment II</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF_AttII RateSample.xls</i>

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF_Act Memo_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF ActMemo.xls</i> <i>2014.01 KFHP CO KPIF Part III ActMemo.pdf</i> <i>2014.01 KFHP CO KPIF Cert.pdf</i>
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.05.21_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>201401 KFHP CO KPIF UnifiedRateReviewSubmission_2013051015256.xml</i>
Satisfied - Item:	Attachment II

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls 2014.01 KFHP CO KPIF_AttII RateSample_PDF of Required Excel Submission.pdf
Previous Version	
Satisfied - Item:	Attachment II
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample.xls

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Miranda Ross

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2013
Submitted Date	05/29/2013

Dear Michael Muldoon,

Introduction:

Response 1

Comments:

Please see the post submission update for this information.

Related Objection 1

Comments: Please provide the % on the rate rule schedule even if it is zero. (0%)

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Miranda Ross

SERFF Tracking #:	KFHP-129012749	State Tracking #:	278032	Company Tracking #:	2014.01 KFHP CO KPIF
<hr/>					
State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	KFHP CO Direct Pay				
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/20/2013
Submitted Date	05/29/2013

Dear Michael Muldoon,

Introduction:

Response 1

Comments:

The SERFF help desk verified that because the fields on the state specific tab are not listed in the post submission update section of SERFF, these fields cannot be updated once a filing has been submitted. Therefore we cannot change the codes listed on the state specific tab.

Related Objection 1

Comments: Please correct and add state codes: 645 Non-grandfathered-850 Individual

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find attached the Excel version of the unified rate review template. Also please note that this template has been updated since the initial submission. On Worksheet 2, the KP CO Gold 0/20 plan was inadvertently listed twice (once in place of the KP CO Gold 1000/20 plan). This has been changed and a new version of the URRT has been uploaded.

Related Objection 2

Comments: Please provide the Unified rate review template in a xls doc. We are not able to download the xml doc.

Changed Items:

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>201401 KFHP CO KPIF UnifiedRateReviewSubmission_2013051015256.xml</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

All of these provisions have been implemented.

Related Objection 3

Comments: Please indicate which of the following PPACA benefits your plan has implemented:

Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA
Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA
Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA
Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA
Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA
Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA
Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA
Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA
Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA
Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

Changed Items:

No Supporting Documents changed.

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Miranda Ross

SERFF Tracking #:	KFHP-129012749	State Tracking #:	278032	Company Tracking #:	2014.01 KFHP CO KPIF
<hr/>					
State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	KFHP CO Direct Pay				
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay				

Amendment Letter

Submitted Date: 07/29/2013

Comments:

Please see the attached amendment due to a benefit change resulting from an objection on the associated binder filing.

Changed Items:

No Form Schedule Items Changed.

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

1	Rate Manual	<p>KPIF_IX_HMO_Gold_0 New</p> <p>_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_GOL</p> <p>D_1000_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_1500_30_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_2500_30_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_1750_25%_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_1500_30_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_0_15_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_0_5_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_1300_20%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_500_10%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_100_5%_CSR_EOC(</p>			<p>2014.01 KFHP CO</p> <p>KPIF Att I_Revised</p> <p>2013.07.29.pdf,</p>	<p>07/29/2013</p> <p>By:</p>
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SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

01-14),
KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14),
KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14),
KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14),
KPIF_IX_CAT_6350_0_EOC(01-14),
KPIF_IX_AI_0_0_EOC(01-14),
KPIF_OX_HMO_Gold_0_20_EOC(01-14),
KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14),
KPIF_OX_DHMO_Silver_1500_30_EOC(01-14),
KPIF_OX_DHMO_Silver_2500_30_EOC(01-14),
KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14),
KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14),

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate/Rule Schedule Item Changes						
		KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14), KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14), KPIF_OX_CAT_6350_0_EOC(01-14)				
Previous Version						

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Filing Company: Kaiser Foundation Health Plan of Colorado

Rate/Rule Schedule Item Changes

1	Rate Manual	KPIF_IX_HMO_Gold_0 New _20_EOC(01-14), KPIF_IX_DHMO_GOL D_1000_20_EOC(01- 14), KPIF_IX_DHMO_Silver _1500_30_EOC(01- 14), KPIF_IX_DHMO_Silver _2500_30_EOC(01- 14), KPIF_IX_HDHP_Silver _1750_25%_EOC(01- 14), KPIF_IX_DHMO_Silver _1500_30_CSR_EOC(01-14), KPIF_IX_DHMO_Silver _0_15_CSR_EOC(01- 14), KPIF_IX_DHMO_Silver _0_5_CSR_EOC(01- 14), KPIF_IX_HDHP_Silver _1300_20%_CSR_EO C(01-14), KPIF_IX_HDHP_Silver _500_10%_CSR_EOC (01-14), KPIF_IX_HDHP_Silver _100_5%_CSR_EOC(2014.01 KFHP CO KPIF Att I_Revised 2013.07.15.pdf,	07/17/2013 By: Miranda Ross
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SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

01-14),
 KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14),
 KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14),
 KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14),
 KPIF_IX_CAT_6350_0_EOC(01-14),
 KPIF_IX_AI_0_0_EOC(01-14),
 KPIF_OX_HMO_Gold_0_20_EOC(01-14),
 KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14),
 KPIF_OX_DHMO_Silver_1500_30_EOC(01-14),
 KPIF_OX_DHMO_Silver_2500_30_EOC(01-14),
 KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14),
 KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14),

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate/Rule Schedule Item Changes						
		KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14), KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14), KPIF_OX_CAT_6350_0_EOC(01-14)				
Previous Version						

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

1	Rate Manual	<p>KPIF_IX_HMO_Gold_0 New</p> <p>_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_GOL</p> <p>D_1000_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_1500_30_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_2500_30_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_1750_25%_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_1500_30_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_0_15_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver</p> <p>_0_5_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_1300_20%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_500_10%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver</p> <p>_100_5%_CSR_EOC(</p>			<p>2014.01 KFHP CO</p> <p>KPIF Att 1.pdf,</p>	<p>05/14/2013</p> <p>By: Miranda Ross</p>
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SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate/Rule Schedule Item Changes

01-14),
 KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14),
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 KPIF_IX_AI_0_0_EOC(01-14),
 KPIF_OX_HMO_Gold_0_20_EOC(01-14),
 KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14),
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 KPIF_OX_DHMO_Silver_2500_30_EOC(01-14),
 KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14),
 KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14),

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
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Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate/Rule Schedule Item Changes						
		KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14), KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14), KPIF_OX_CAT_6350_0_EOC(01-14)				

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.29.xls 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.29_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	<i>As per discussion with reviewers, three rating areas that are not within the service areas for Kaiser Foundation Health Plan have been removed from the rate filings. Additionally, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. The state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section) has been revised to reflect these changes.</i>
Attachment(s):	<i>2014.01 KFHP CO KPIF Part III ActMemo.pdf</i> <i>2014.01 KFHP CO KPIF Cert.pdf</i> <i>2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15.xls</i> <i>2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF ActMemo.xls</i> <i>2014.01 KFHP CO KPIF Part III ActMemo.pdf</i> <i>2014.01 KFHP CO KPIF Cert.pdf</i> <i>2014.01 KFHP CO KPIF_Act Memo_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Attachment(s):	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf
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Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.07.29.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.07.29_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.07.18.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.07.18_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.05.21_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm
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Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	201401 KFHP CO KPIF UnifiedRateReviewSubmission_2013051015256.xml

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Satisfied - Item:	Attachment II
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.29.xls 2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.29_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Attachment II</i>
Comments:	<i>As per discussion with reviewers, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. Previously, the base rate and rating factors were unrounded. The revised Attachment II reflects rates based on rounded factors and a rounded base rate.</i>
Attachment(s):	<i>2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15.xls 2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Attachment II</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF_AttII RateSample.xls 2014.01 KFHP CO KPIF_AttII RateSample_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Attachment II</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF_AttII RateSample.xls</i>

Satisfied - Item:	Exhibits 2-12
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Exhibits 2-12_Revised 2013.07.29.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Exhibits 2-12</i>

SERFF Tracking #:	KFHP-129012749	State Tracking #:	278032	Company Tracking #:	2014.01 KFHP CO KPIF
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State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Exhibits 2-12.pdf

Satisfied - Item:	Amendment_2013.07.29
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Amendment_2013.07.29.pdf

SERFF Tracking #:	KFHP-129012749	State Tracking #:	278032	Company Tracking #:	2014.01 KFHP CO KPIF
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State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	KFHP CO Direct Pay				
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay				

Amendment Letter

Submitted Date: 07/18/2013

Comments:

Please see the attached amendment due to a benefit change required as a result of an objection on the associated binder filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.07.18.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.07.18_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.05.21_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>201401 KFHP CO KPIF UnifiedRateReviewSubmission_2013051015256.xml</i>
Satisfied - Item:	Amendment_2013.07.18
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Amendment_2013.07.18.pdf

SERFF Tracking #:	KFHP-129012749	State Tracking #:	278032	Company Tracking #:	2014.01 KFHP CO KPIF
State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	KFHP CO Direct Pay				
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay				

Amendment Letter

Submitted Date: 06/05/2013

Comments:

Please see the attached addendum.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Addendum_2013.06.05
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Addendum_2013.06.05.pdf

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Note To Filer

Created By:

Rachel Plummer on 07/11/2013 06:58 PM

Last Edited By:

Rachel Plummer

Submitted On:

07/11/2013 06:58 PM

Subject:

URRT Instructions

Comments:

Per out phone call yesterday (on 7/10/2013), you asked for the reasoning behind submitting the URRT into HIOS. As you requested, below is wording from the "Part I Unified Rate Review Template Instructions" provided by HHS.

"The Part I Unified Rate Review template is required to be submitted by all issuers in the individual, small group and/or combined markets that are proposing a rate increase on any non-grandfathered product. In addition, all issuers applying for at least one QHP in the state must submit the template for the applicable market in which the QHP would be offered. Quarterly rate increases for the small group market will be allowed at a future date if allowed by the state regulatory authority."
(http://www.serff.com/documents/plan_management_data_templates_help_partI_unified_rate_review.pdf)

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HORG02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Note To Filer

Created By:

Amy Filler on 07/11/2013 06:40 PM

Last Edited By:

Amy Filler

Submitted On:

07/11/2013 06:40 PM

Subject:

Disregard Objection

Comments:

Per our phone call yesterday, please disregard the objection made on 7/5/2013 made by Rachel Plummer.

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Post Submission Update Request Processed On 06/04/2013

Status: Allowed
Created By: Miranda Ross
Processed By: Cathy Gilliland
Comments:

Company Rate Information:

Company Name:Kaiser Foundation Health Plan of Colorado

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	0	
Written Premium for this Program	\$0	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Form Schedule

Lead Form Number: KPIF_IX_HMO_Gold_0_20_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Membership Agreement	KPIF_IX_HMO_Gold_0_20_EOC(01-14)	POL	Initial			
2		Membership Agreement	KPIF_IX_D_HMO_GOLD_1000_20_EOC(01-14)	POL	Initial			
3		Membership Agreement	KPIF_IX_D_HMO_Silver_1500_30_EOC(01-14)	POL	Initial			
4		Membership Agreement	KPIF_IX_D_HMO_Silver_2500_30_EOC(01-14)	POL	Initial			
5		Membership Agreement	KPIF_IX_H_DHP_Silver_1750_25%_EOC(01-14)	POL	Initial			

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Lead Form Number: KPIF_IX_HMO_Gold_0_20_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
6		Membership Agreement	KPIF_IX_D HMO_Silver _1500_30_ CSR_EOC(01-14)	POL	Initial			
7		Membership Agreement	KPIF_IX_D HMO_Silver _0_15_CSR _EOC(01- 14)	POL	Initial			
8		Membership Agreement	KPIF_IX_D HMO_Silver _0_5_CSR_ EOC(01-14)	POL	Initial			
9		Membership Agreement	KPIF_IX_H DHP_Silver _1300_20% _CSR_EOC (01-14)	POL	Initial			
10		Membership Agreement	KPIF_IX_H DHP_Silver _500_10%_ CSR_EOC(01-14)	POL	Initial			

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Lead Form Number: KPIF_IX_HMO_Gold_0_20_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
11		Membership Agreement	KPIF_IX_H DHP_Silver _100_5%_C SR_EOC(01-14)	POL	Initial			
12		Membership Agreement	KPIF_IX_D HMO_Bronz e_4500_50_ EOC(01-14)	POL	Initial			
13		Membership Agreement	KPIF_IX_H DHP_Bronz e_4500_50_ EOC(01-14)	POL	Initial			
14		Membership Agreement	KPIF_IX_H DHP_Bronz e_5000_30 %_EOC(01-14)	POL	Initial			
15		Membership Agreement	KPIF_IX_C AT_6350_0 _EOC(01-14)	POL	Initial			
16		Membership Agreement	KPIF_IX_AI _0_0_EOC(01-14)	POL	Initial			

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Lead Form Number: KPIF_IX_HMO_Gold_0_20_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
17		Membership Agreement	KPIF_OX_HMO_Gold_0_20_EOC(01-14)	POL	Initial			
18		Membership Agreement	KPIF_OX_D_HMO_GOLD_1000_20_EOC(01-14)	POL	Initial			
19		Membership Agreement	KPIF_OX_D_HMO_Silver_1500_30_EOC(01-14)	POL	Initial			
20		Membership Agreement	KPIF_OX_D_HMO_Silver_2500_30_EOC(01-14)	POL	Initial			
21		Membership Agreement	KPIF_OX_H_DHP_Silver_1750_25%_EOC(01-14)	POL	Initial			
22		Membership Agreement	KPIF_OX_D_HMO_Bronze_4500_50_EOC(01-14)	POL	Initial			

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KFHP CO Direct Pay

Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Lead Form Number: KPIF_IX_HMO_Gold_0_20_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
23		Membership Agreement	KPIF_OX_H DHP_Bronz e_4500_50_ EOC(01-14)	POL	Initial			
24		Membership Agreement	KPIF_OX_H DHP_Bronz e_5000_30 %_EOC(01- 14)	POL	Initial			
25		Membership Agreement	KPIF_OX_C AT_6350_0 _EOC(01- 14)	POL	Initial			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Rate Justification

Experience Used for Rate Setting: KFHP Individual Non-Grandfathered experience from 2012, containing an average of 11,333 lives enrolled.

Annual Health Cost Trends: 7.4medical 7.0
nd pharmacy 10.0

Risk Adjustment: -4.4assumed planâ€™s 2014 average health risk will be higher than overall population)

Reinsurance Recoveries: -5.1payments expected from the federal Reinsurance Program in 2014).

Smoking Factor: 15higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Premium Retained to Cover Expenses, Taxes Fees and Profits

f Premium

Issuer Primary Expense and Profit Retention Retained

Administrative Expenses: 11.00 Commissions: 3.00 Medical Management: 3.00 Capital and Contingency Margin: 1.00 FIT - Federal
Income Taxes (includes taxes on profit

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):	
Kaiser Foundation Health Plan of Colorado	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:									
Policy Holders:									

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Rate Review Detail

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

COMPANY:

Company Name: Kaiser Foundation Health Plan of Colorado
HHS Issuer Id: 21032
Product Names: KP CO Gold 0/20, KP CO Gold 1000/20, KP CO Silver 1500/30, KP CO Silver 2500/30, KP CO Silver 1750/25%/HSA, KP CO Bronze 4500/50, KP CO Bronze 4500/50/HSA, KP CO Bronze 5000/30%/HSA, KP CO Catastrophic 6350/0, KP CO Gold 0/20/Dental, KP CO Gold 1000/20/Dental, KP CO Silver 1500/30/Dental, KP CO Silver 2500/30/Dental, KP CO Silver 1750/25%/HSA/Dental, KP CO Bronze 4500/50/Dental, KP CO Bronze 4500/50/HSA/Dental, KP CO Bronze 5000/30%/HSA/Dental, KP CO Catastrophic 6350/0/Dental
Trend Factors: The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs.

FORMS:

State: Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

New Policy Forms:

- KPIF_IX_HMO_Gold_0_20_EOC(01-14),
- KPIF_IX_DHMO_GOLD_1000_20_EOC(01-14),
- KPIF_IX_DHMO_Silver_1500_30_EOC(01-14),
- KPIF_IX_DHMO_Silver_2500_30_EOC(01-14),
- KPIF_IX_HDHP_Silver_1750_25%_EOC(01-14),
- KPIF_IX_DHMO_Silver_1500_30_CSR_EOC(01-14),
- KPIF_IX_DHMO_Silver_0_15_CSR_EOC(01-14),
- KPIF_IX_DHMO_Silver_0_5_CSR_EOC(01-14),
- KPIF_IX_HDHP_Silver_1300_20%_CSR_EOC(01-14),
- KPIF_IX_HDHP_Silver_500_10%_CSR_EOC(01-14),
- KPIF_IX_HDHP_Silver_100_5%_CSR_EOC(01-14),
- KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14),
- KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14),
- KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14),
- KPIF_IX_CAT_6350_0_EOC(01-14), KPIF_IX_AI_0_0_EOC(01-14),
- KPIF_OX_HMO_Gold_0_20_EOC(01-14),
- KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14),
- KPIF_OX_DHMO_Silver_1500_30_EOC(01-14),
- KPIF_OX_DHMO_Silver_2500_30_EOC(01-14),
- KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14),
- KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14),
- KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14),
- KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14),
- KPIF_OX_CAT_6350_0_EOC(01-14)

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 383,677
 Benefit Change:
 Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
 Total Incurred Claims:
 Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 105,350,000.00
 Projected Incurred Claims: 80,722,000.00
 Annual \$: Min: 88.00 Max: 1,018.00 Avg: 275.00

SERFF Tracking #:	KFHP-129012749	State Tracking #:	278032	Company Tracking #:	2014.01 KFHP CO KPIF
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State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	KFHP CO Direct Pay				
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay				

Rate/Rule Schedule

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
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SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

KFHP CO Direct Pay

Project Name/Number:

2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

1		Rate Manual	<p>KPIF_IX_HMO_Gold_0_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_GOLD_1000_20_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver_1500_30_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver_2500_30_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver_1750_25%_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver_1500_30_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver_0_15_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Silver_0_5_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver_1300_20%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver_500_10%_CSR_EOC(01-14),</p> <p>KPIF_IX_HDHP_Silver_100_5%_CSR_EOC(01-14),</p> <p>KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14),</p> <p>KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14),</p> <p>KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14),</p> <p>KPIF_IX_CAT_6350_0_EOC(01-14),</p> <p>KPIF_IX_AI_0_0_EOC(01-14),</p>	New		2014.01 KFHP CO KPIF Att I_Revised 2013.07.29.pdf,
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SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: KFHP CO Direct Pay
Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Filing Company: Kaiser Foundation Health Plan of Colorado

			KPIF_OX_HMO_Gold_0_20_EOC(01-14), KPIF_OX_DHMO_GOLD_100_0_20_EOC(01-14), KPIF_OX_DHMO_Silver_1500_30_EOC(01-14), KPIF_OX_DHMO_Silver_2500_30_EOC(01-14), KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14), KPIF_OX_DHMO_Bronze_450_0_50_EOC(01-14), KPIF_OX_HDHP_Bronze_450_0_50_EOC(01-14), KPIF_OX_HDHP_Bronze_500_0_30%_EOC(01-14), KPIF_OX_CAT_6350_0_EOC(01-14)			
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**Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors**

**Attachment I-a
Rating Formula**

Member Rate Calculation

Base Rate	a
Geographic Location Factor	b
Plan Design Factor	c
Non-EHB Factor	d
Administrative Factor	e
Age Factor	f
Tobacco Use Factor	g
<hr/>	
Member Rate	$h = a * b * c * d * e * f * g$

Family - Maximum Child

The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. All child dependents age 21 and older are included in the family premium calculation.

- * A penny was subtracted off age 64 and over rates in order for the rates to validate during the SERFF rate template upload.

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-b
Base Rate

Effective Date	Base Rate
1/1/2014	\$240.71

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-c
Geographic Rating Factors

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950

KFHP provides care within its defined service areas. This includes coverage within all or part of the rating areas listed above, and does not necessarily include all counties within each rating area.

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-d
Plan Definitions

Plan "Street Name"	Plan IDs	Exchange Offering
KP CO Gold 0/20	21032CO0410001 21032CO0410010 21032CO0410011	On
KP CO Gold 1000/20	21032CO0410002 21032CO0410012 21032CO0410013	On
KP CO Silver 1500/30	21032CO0410003 21032CO0410014 21032CO0410015	On
KP CO Silver 2500/30	21032CO0410004 21032CO0410016 21032CO0410017	On
KP CO Silver 1750/25%/HSA	21032CO0410005 21032CO0410018 21032CO0410019	On
KP CO Bronze 4500/50	21032CO0410008 21032CO0410024 21032CO0410025	On
KP CO Bronze 4500/50/HSA	21032CO0410006 21032CO0410022 21032CO0410023	On
KP CO Bronze 5000/30%/HSA	21032CO0410007 21032CO0410020 21032CO0410021	On
KP CO Catastrophic 6350/0	21032CO0410009 21032CO0410026 21032CO0410027	On
KP CO Gold 0/20/Dental	21032CO0610001 21032CO0610010 21032CO0610011	Off
KP CO Gold 1000/20/Dental	21032CO0610002 21032CO0610012 21032CO0610013	Off
KP CO Silver 1500/30/Dental	21032CO0610003 21032CO0610014 21032CO0610015	Off
KP CO Silver 2500/30/Dental	21032CO0610004 21032CO0610016 21032CO0610017	Off
KP CO Silver 1750/25%/HSA/Dental	21032CO0610005 21032CO0610018 21032CO0610019	Off
KP CO Bronze 4500/50/Dental	21032CO0610008 21032CO0610024 21032CO0610025	Off
KP CO Bronze 4500/50/HSA/Dental	21032CO0610007 21032CO0610022 21032CO0610023	Off
KP CO Bronze 5000/30%/HSA/Dental	21032CO0610006 21032CO0610020 21032CO0610021	Off
KP CO Catastrophic 6350/0	21032CO0610009 21032CO0610026 21032CO0610027	Off

**Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors**

**Attachment I-e
Allowable Modifiers by Plan: Plan Design Factor**

Plan Name	Factor
KP CO Gold 0/20	0.791
KP CO Gold 1000/20	0.742
KP CO Silver 1500/30	0.672
KP CO Silver 2500/30	0.651
KP CO Silver 1750/25%/HSA	0.632
KP CO Bronze 4500/50	0.587
KP CO Bronze 4500/50/HSA	0.500
KP CO Bronze 5000/30%/HSA	0.480
KP CO Catastrophic 6350/0	0.487
KP CO Gold 0/20/Dental	0.813
KP CO Gold 1000/20/Dental	0.763
KP CO Silver 1500/30/Dental	0.693
KP CO Silver 2500/30/Dental	0.672
KP CO Silver 1750/25%/HSA/Dental	0.653
KP CO Bronze 4500/50/Dental	0.609
KP CO Bronze 4500/50/HSA/Dental	0.521
KP CO Bronze 5000/30%/HSA/Dental	0.502
KP CO Catastrophic 6350/0	0.487

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-f
Allowable Modifiers by Plan: Non-EHB

Plan Name	Factor
KP CO Gold 0/20	1.000
KP CO Gold 1000/20	1.000
KP CO Silver 1500/30	1.000
KP CO Silver 2500/30	1.000
KP CO Silver 1750/25%/HSA	1.000
KP CO Bronze 4500/50	1.000
KP CO Bronze 4500/50/HSA	1.000
KP CO Bronze 5000/30%/HSA	1.000
KP CO Catastrophic 6350/0	1.000
KP CO Gold 0/20/Dental	1.000
KP CO Gold 1000/20/Dental	1.000
KP CO Silver 1500/30/Dental	1.000
KP CO Silver 2500/30/Dental	1.000
KP CO Silver 1750/25%/HSA/Dental	1.000
KP CO Bronze 4500/50/Dental	1.000
KP CO Bronze 4500/50/HSA/Dental	1.000
KP CO Bronze 5000/30%/HSA/Dental	1.000
KP CO Catastrophic 6350/0	1.000

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-g
Allowable Modifiers by Plan: Administrative Factor

Plan Name	Factor
KP CO Gold 0/20	1.261
KP CO Gold 1000/20	1.261
KP CO Silver 1500/30	1.261
KP CO Silver 2500/30	1.261
KP CO Silver 1750/25%/HSA	1.261
KP CO Bronze 4500/50	1.261
KP CO Bronze 4500/50/HSA	1.261
KP CO Bronze 5000/30%/HSA	1.261
KP CO Catastrophic 6350/0	1.261
KP CO Gold 0/20/Dental	1.257
KP CO Gold 1000/20/Dental	1.257
KP CO Silver 1500/30/Dental	1.256
KP CO Silver 2500/30/Dental	1.256
KP CO Silver 1750/25%/HSA/Dental	1.256
KP CO Bronze 4500/50/Dental	1.255
KP CO Bronze 4500/50/HSA/Dental	1.255
KP CO Bronze 5000/30%/HSA/Dental	1.254
KP CO Catastrophic 6350/0	1.261

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-h
Age Rating Factors

Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-i
Tobacco Use Rating Factors

Age	Non Tobacco-Use	Tobacco-Use
20 and Under	1.000	1.000
21	1.000	1.150
22	1.000	1.150
23	1.000	1.150
24	1.000	1.150
25	1.000	1.150
26	1.000	1.150
27	1.000	1.150
28	1.000	1.150
29	1.000	1.150
30	1.000	1.150
31	1.000	1.150
32	1.000	1.150
33	1.000	1.150
34	1.000	1.150
35	1.000	1.150
36	1.000	1.150
37	1.000	1.150
38	1.000	1.150
39	1.000	1.150
40	1.000	1.150
41	1.000	1.150
42	1.000	1.150
43	1.000	1.150
44	1.000	1.150
45	1.000	1.150
46	1.000	1.150
47	1.000	1.150
48	1.000	1.150
49	1.000	1.150
50	1.000	1.150
51	1.000	1.150
52	1.000	1.150
53	1.000	1.150
54	1.000	1.150
55	1.000	1.150
56	1.000	1.150
57	1.000	1.150
58	1.000	1.150
59	1.000	1.150
60	1.000	1.150
61	1.000	1.150
62	1.000	1.150
63	1.000	1.150
64	1.000	1.150
65 and over	1.000	1.150

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	Form no longer required
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Intial product filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.29.xls 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.29_PDF of Required Excel Submission.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF URRT_Revised 2013.07.29.xlsm 2014.01 KFHP CO KPIF URRT_Revised 2013.07.29_PDF of Required Excel Submission.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit I
Comments:	

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Attachment(s):	2014.01 KFHP CO KPIF Exhibit 1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Attachment II
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.29.xls 2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.29_PDF of Required Excel Submission.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Vaughn Index
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Vaughn Index.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Addendum_2013.06.05
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Addendum_2013.06.05.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Retention Exhibit
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF_Retention Exhibit.xlsx 2014.01 KFHP CO KPIF_Retention Exhibit.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Amendment_2013.07.18
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Amendment_2013.07.18.pdf

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Item Status:	
Status Date:	

Satisfied - Item:	Amendment_2013.07.29
Comments:	
Attachment(s):	2014.01 KFHP CO KPIF Amendment_2013.07.29.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Attachment 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.29.xls is not a PDF document and cannot be reproduced here.

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Attachment 2014.01 KFHP CO KPIF_Retention Exhibit.xlsx is not a PDF document and cannot be reproduced here.

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Effective Date: January 1, 2014

ACTUARIAL MEMORANDUM
HIOS Issuer ID 21032
HIOS Product IDs 21032CO041, 21032CO061

A. General Information

This memorandum and the accompanying exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) individual products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of premium rates for all of 2014. The discussion within this actuarial memorandum is limited to the information contained in the federal Uniform Rate Review Template being submitted in conjunction with this memorandum.

As of January 1, 2014, KFHP will be introducing new products to comply with current and developing Federal and State requirements as indicated through the Affordable Care Act (ACA) and corresponding regulations and interpretations.

KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. KFHP markets and issues their plans through brokers, internet, and direct sales, including on and off the Colorado State Exchange. Member-level premiums for any given plan vary by geographic location, member demographics, and member tobacco use. The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. Premiums are compliant with the 3:1 age requirement and will vary 1.15:1 for tobacco use.

Products referenced herein cover the required Essential Health Benefits (EHB). KFHP is not including any benefit substitutions in its plans. Pediatric Dental coverage is included with off exchange offerings.

I, Miranda Ross, Senior Actuarial Associate for Kaiser Foundation Health Plan, Inc. (Kaiser) am a member of the American Academy of Actuaries. I am the primary contact for submission of this filing. My telephone number is 303-306-2669 and my email address is Miranda.J.Ross@kp.org.

B. Proposed Rate Increases

This filing is for the introduction of new products and therefore no rate increases are being proposed effective 1/1/2014.

C. Experience Period Premium and Claims

Calendar year 2012 allowed costs were used as the starting point for development of the market-wide index rate. Due to the timing of the submission, the data included is for medical and pharmacy costs incurred between 1/1/2012 and 12/31/2012, and paid through 12/31/2012.

Base period data:

The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered individual business, incurred and paid in the period January 2012 through December 2012 including the

incurred but not reported estimates. Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing. Earned premiums represent the dues paid by members for coverage during the experience period. No rebates were payable during the experience period.

Incurred Estimates:

A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels have been set for internal, external and pharmacy categories, for allowed costs, utilization per thousand, and external cost sharing amounts. The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.

Benefit Categories:

The benefit categories in Section II of Worksheet I of the URRT are mapped within KFHP's internal data systems based on type of service and place of treatment codes. For example:

<u>Benefit Category</u>	<u>Services</u>
Inpatient Hospital	Inpatient Facility, Hospital Inpatient – Maternity, Hospital Inpatient – Non Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Cardiovascular, PT/OT/ST, Chemotherapy, Dialysis
Professional	Diagnostic Services, Office Visits, Professional portion of: Inpatient Visits, Outpatient Surgery, Cardiovascular, PT/OT/ST, Chemotherapy, Dialysis
Other Medical	Other Services
Capitation	None (experience period); Pediatric Dental (projection period)
Prescription Drug	Pharmacy

D. Projection Factors

Changes in the Morbidity of the Population Insured:

The morbidity adjustment in worksheet I of the URRT is a combination of underwriting wearoff, changes in morbidity due to the guarantee issue requirement, and pent-up demand of the currently uninsured. An assumed underwriting wearoff factor has been applied to reflect the fact that the underlying experience is that of a newly underwritten block. Changes in morbidity due to the guarantee issue requirement have been developed by blending expected morbidity of different populations into a single risk pool. The size of the different populations (e.g., medically screened individual, Conversion, business groups of one) has been established using projected 2014 membership. Reliance has been placed upon work performed by others within the company to develop membership projections. Expected morbidity levels for the different populations for which KFHP has data (existing KFHP membership from different lines of business) have been established using 2012 allowed costs, normalized for age and expected utilization due to benefit design. Expected morbidity of the previously uninsured has been established via data from industry studies and actuarial judgment.

Other Adjustments:

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB since new products may only include EHB. To develop this multiplier, historical experience was pulled by detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.

Utilization copayment effect adjustment

Allowed claims are adjusted for anticipated changes in the average utilization of services due to average cost sharing requirements in the projection period compared to the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. To account for differences in expected utilization due to different plan designs in the projection period and in the base period, an estimate based upon industry standard factors has been made at the plan level to adjust the base period data to what is expected under the new plan designs. This adjustment includes the impact of adding certain EHB in the new plan designs, such as expanded mental health coverage and pharmacy coverage that did not exist in certain plans.

Demographic and Geographic Area Normalization

Differences in expected average age and area of the population are also applied to the base period claims experience to project 2014 experience. An experience period average age was derived by applying 2012 member months to the CMS age factors. A similar process was performed on all existing populations expected to migrate to the individual market. An average age factor for the previously uninsured population was developed based upon industry studies. An average 2014 age factor was determined by blending these populations. Similar adjustments were made based upon 2012 membership distribution by geographic area compared to expected 2014 membership distribution by area.

Trend Factors:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, the projected total annual benefit expense trend of 7.4% has been assumed based upon regional revenue requirements and analysis of prior Kaiser experience. For medical, the average cost and average utilization components have been assumed at 5% and 2%, respectively while for pharmacy, 8% and 2% have been assumed.

E. Credibility Manual Rate Development

Based upon the Colorado standard of 2,000 life years, it is assumed that this block is fully credible. Due to the way the URRT has been built, if the experience period capitation amount is \$0, capitation amounts cannot be reflected within the projection period. Because of this, the manual rate section is not being used in the traditional manner and instead has been populated in order to reflect a new capitation arrangement that did not exist during the experience period. As a work-around, the manual rate section has been set equal to the experience-based projection utilization/1000 and cost/service amounts for all service categories except capitation. The capitation section has been populated based upon an arrangement with Delta Dental to provide embedded pediatric dental benefits for Kaiser's off exchange products. This capitation amount has been included in the index rate as a bottom line adjustment based upon the expected number of children enrolled in plans with pediatric dental and the capitation rate that Kaiser will pay Delta Dental.

F. Paid to Allowed Ratio

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is a composite of the plan factors (paid compared to 100% coverage allowed) and utilization copayment effect factors (allowed compared to 100% coverage allowed) for the new plans in Worksheet II. Paid to allowed factors were calculated as the ratio of the plan factor to the utilization copayment effect factor in order to obtain expected paid compared to expected allowed for each plan. The composite factor was calculated as a

weighted average of the new plans based on projected members discussed below. The development of the plan factor for each plan is discussed in the “Plan Factor Development” below.

G. Risk Adjustment and Reinsurance

Risk Adjustment:

The resulting projected 2014 average incurred cost amount is adjusted to reflect the risk adjustment payments anticipated in the rating period based on the expected risk profile relative to the market. Discussion of the development of changes in the morbidity of the Kaiser risk pool can be found above in the Changes in the Morbidity of the Population Insured section. A similar approach has been taken to develop the assumed morbidity of the market as a whole. Reliance has been placed upon work performed by others within the company to develop projections regarding the size of the statewide market in 2014. The relative morbidity of the current Kaiser individual risk pool compared to the market has been developed in consideration of data from a statewide study performed by an independent actuarial consulting firm. Growth assumptions for the market as a whole and Kaiser specifically are used to calculate Kaiser’s 2014 expected relative morbidity to the market. This value is used to determine the expected risk adjustment impact, which has been applied to the market-wide index rate and therefore is spread equitably to all plans.

Reinsurance:

An adjustment is made to the index rate to reflect expected reinsurance recoveries, which in 2014 are 80% of all claims dollars between \$60,000 and \$250,000 per claim. Because the new exchange environment will be guaranteed issue, the adjustment factor was developed using base period claims for Kaiser’s large group business since it is not medically underwritten and is a better representation of the expected claims distribution in a guaranteed issue environment. A claims probability table was developed using KFHP large group HMO experience, and an expected reinsurance recovery was developed by applying the reinsurance parameters to the claims in this CPD. The contribution to the Federal transitional reinsurance program (\$5.25 PMPM, here scaled down to apply to paid claims) is netted against the reinsurance recovery described above in the development of the index rate and is not included in the administrative expense. Because this adjustment has been applied to the market-wide index rate, it is spread equitably to all plans.

H. Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

Retention includes broker commissions, administrative expenses, and medical management expenses. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, KFHP owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for Kaiser, these are funded through premium rates.

Taxes and Fees:

This line item reflects the PCORI fee, the insurer tax, risk adjustment fees, and exchange fees that will apply in 2014. Reinsurance fees are not included here because they have already been included in the “Projected ACA reinsurance recoveries, net of reinsurance premium” line item in the URRT, as discussed above. The exchange fee impact has been determined by applying the 1.4% of premium amount to expected exchange membership only, then spreading this amount to all plans, on and off exchange. The taxes and fees line item also reflects 2.0% direct community benefit investment that KFHP, as a not-for-profit health plan, can subtract from premium in the federal MLR calculation in place of premium tax.

I. Projected Loss Ratio

Under the state of Colorado's definition, the projected loss ratio is expected to be 76.6%. Due to the allowable adjustments to calculate the loss ratio under the federally prescribed MLR method, premiums used to develop the state projected loss ratio will be reduced by the PCORI fee, the insurer tax, risk adjustment fee, exchange fee, reinsurance fee and the direct community benefit investment. The resulting MLR is expected to be at minimum 81%.

Since KFHP is an integrated health care delivery model that not only provides insurance coverage but also provides for the medical care of its members, many expenses that are incurred can be partially attributed to administrative expense and partially to medical expense. As such, additional considerations (e.g., GAAP vs. statutory accounting principles) are taken into account for the establishment of claims and quality improvement expenses for the federally prescribed MLR. These considerations are expected to increase the MLR to mid-80%.

J. Index Rate

The experience period index rate is the experience period allowed costs, as described in Section C above, times the non-EHB multiplier, described in Section D above. To develop this multiplier, historical experience was pulled by detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.

The projected period index rate was then developed by applying all the other projection factors discussed in Section D. Because plans offered in 2014 will only include EHB, the projected period index rate is equal to the projected period allowed costs.

The index rate was then adjusted by applying the average utilization copayment adjustment for all plans offered in 2014 in order to true up utilization to what would be expected under a situation of 100% coverage since the reference plan used as the basis for the AV pricing values is a \$0 cost share plan.

As described in sections above, adjustments were applied to the projected index rate for expected risk adjustment impacts and fees, net reinsurance recoveries, and exchange fees. Plan level adjustments are then applied to reflect the following:

- The actuarial value and cost sharing design of the plan
- Administrative costs, excluding Exchange user fees and reinsurance and risk adjustment fees
- With respect to catastrophic plans, the expected impact of the specific eligibility categories

Administrative costs for medical benefits were developed at an aggregate level for all plans based on historical administrative cost PMPMs trended to 2014, taking into account any expected changes in costs. These were then blended with administrative loads for pediatric dental benefits that Kaiser is embedding in off exchange plans at the plan level to reflect different administrative costs for plans with and without embedded pediatric dental.

The catastrophic plan risk pool adjustment includes two components, a morbidity impact and an age impact. The morbidity adjustment was developed by excluding the high risk populations of non-medically screened individual, charitable health coverage, and business groups of one in the morbidity adjustment discussed above in Section D. Membership expected to migrate from small group was also excluded due to traditionally richer benefits in that line of business. Additionally, the morbidity of the currently uninsured expected to purchase the catastrophic plan was set equal to the morbidity of the current medically screened non-grandfathered individual block. The age impact is meant to capture the difference between the CMS age curve being used for rating and the expected costs by age. Because the age slope in total is meant to be revenue neutral, an adjustment must be made when the age slope is applied to a specifically younger population. Total Kaiser Colorado commercial allowed costs were used

to develop a cost-based age slope; an assumed catastrophic plan membership distribution was applied to that age slope and the resulting difference between costs and premium is applied as a multiplier to the catastrophic rates.

K. AV Metal Values

The AV Calculator was used to determine all AV Metal Values shown in Worksheet 2 of the URRT.

L. AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the adjusted index rate as described in the prior section. The plan factors use industry standard data in a model from an independent national actuarial consulting firm, calibrated to KFHP Colorado experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. Therefore, these plan factors reflect both member cost share and the resulting dampening of expected utilization due to those cost shares. The underlying population within the model is a standard population of KFHP Colorado membership; this same population was used to calculate plan factors for all plan designs.

The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

M. Membership Projections

Reliance has been placed upon work performed by others within the company to develop membership projections. The 2014 enrollment projections were developed based upon historical health plan enrollment trends, the anticipated competitiveness of KFHP premiums relative to other carriers in market, the expected impacts of the ACA legislation--e.g. increased regulation, greater standardization of benefit plans, premium tax credits and cost-sharing reductions, etc.--and the projected size of the commercial Individual market on and off the exchange. For purposes of calculating average benefit and copay utilization effect factors for Worksheet 1 of the URRT, projected membership distribution by plan has been used. This distribution is based upon expected purchase patterns and is not based on any mapping of current members.

A CSR estimate has been based on the prescribed methodology as defined in the Benefit & Payment Parameters, Final Rule. It includes qualified EHB only and has been adjusted for induced utilization based on the recommended factors published in the final rule. Projected member distribution between silver plan variations has been estimated using 2014 individual market federal poverty level distribution for the state of Colorado as estimated in an industry study, applied in conjunction with the federal poverty level eligibility requirements for each CSR tier. The federal poverty level distribution from the industry study applies to the market as a whole, and therefore this distribution has been revised to apply to on-exchange silver plans. The distribution was adjusted by assuming that 80% of those who enroll in the off-exchange silver plans are not eligible for cost share subsidies and the on-exchange distribution was then adjusted in order to reach the market wide distribution when on and off exchange membership is combined.

N. Terminated Products

All products offered prior to 1/1/2014 will be terminated effective 1/1/2014. The terminated product is the "HMO" product with a Product ID of 21032CO037.

O. Plan Type

Plan type HMO, which adequately describes the plans being offered, has been selected for all plans.

P. Warning Alerts

Four different warning alerts are occurring in the URRT, two in the Warning Alert column and two that appear when the worksheet is validated.

- Cell A82 contains a warning because the projected premium on Worksheet 2 does not exactly match the projected premium on Worksheet 1. The difference of 0.5% is considered within a reasonable bound.
- Cell A86 contains a warning because total allowed costs on Worksheet 2 does not match total allowed costs net of risk adjustment and reinsurance amounts on Worksheet 1. This appears to be an error in the logic. Note that total allowed costs on Worksheet 1 does match total allowed costs on Worksheet 2.
- There is a warning regarding the values in cells K25:K29 on Worksheet 1. The warning states that the values in these cells must be greater than 0; however, the value of 0.957 in these cells is greater than 0.
- There are two warnings stating that no historical rate increase data has been entered in rows 21-23 for the product "HMO" (with Product IDs 21032CO041 and 21032CO061). These are newly introduced products and therefore do not have historical rate increase information.

Q. Effective Rate Review Information

Colorado has been deemed to have an effective rate review program. Colorado has additional requirements that have been addressed in the submission to the state. Please refer to the Colorado actuarial memorandum and associated exhibits for additional information and support of the rates being submitted.

R. Reliance

I relied on others within the company to provide certain data and analyses, as referenced throughout this memorandum. Steps were taken by me to ensure that the information provided is reasonable and reflects an adequate representation of the information necessary to complete this filing.

S. Actuarial Certification

I, Miranda Ross, am a Senior Actuarial Associate for Kaiser Foundation Health Plan, Inc for Colorado. I am a member of the American Academy of Actuaries and I meet the qualification standards of the American Academy of Actuaries to render the actuarial opinion contained herein.


Based on information provided to me by KFHP, I hereby certify that, to the best of my knowledge and belief:

The development of the index rate complies with the applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and has been done in accordance with applicable Actuarial Standards of Practice. The KFHP market-wide index rate is reasonable in relation to the benefits being provided and the population anticipated to be covered and is neither excessive nor deficient.

The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

The AV Calculator was used to determine all AV Metal Values shown in Worksheet 2 of the URRT, using the best assumptions as to how to enter benefits into the calculator as established within Kaiser Permanente's Actuarial Services Department.


Miranda Ross, ASA, MAAA
Senior Actuarial Associate

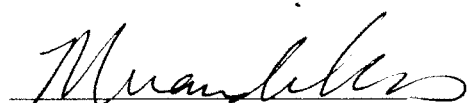
5/14/2013
Date

Kaiser Foundation Health Plan of Colorado
HIOS Issuer ID 21032
Colorado: Individual
Effective Date: January 1, 2014

ACTUARIAL CERTIFICATION
HIOS Product ID 21032CO041, 21032CO061

I relied on others within the company to provide certain data and analyses, as referenced throughout the actuarial memorandum. Steps were taken by me to ensure that the information provided is reasonable and reflects an adequate representation of the information necessary to complete this filing.

I, Miranda Ross, am a Senior Actuarial Associate for Kaiser Foundation Health Plan, Inc. for Colorado. I am a member of the American Academy of Actuaries and I meet the qualification standards of the American Academy of Actuaries to render the actuarial opinion contained herein. Based on information provided to me by KFHP, I hereby certify that, to the best of my knowledge and belief, the proposed rates are not excessive or inadequate and, except as noted in Appendix I, not unfairly discriminatory when considering the entire individual product and benefit offering.



Miranda Ross, ASA, MAAA
Senior Actuarial Associate

5/14/2013

Date

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	Kaiser Foundation Health Plan of Colorado
State & Business Line	Colorado: Individual
NAIC #:	95669
SERFF Filing #:	KFHP-129012749
SERFF Binder Filing #:	KFHP-CO14-125001173

A: SUMMARY	
1. Reason(s):	This memorandum and the accompanying exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) individual products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing is to comply with current and developing Federal and State requirements as indicated by the Affordable Care Act (ACA) and corresponding regulations and interpretations. This filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of premium rates for all of 2014. The discussion within this actuarial memorandum is limited to the information included in this Excel file, the attached Exhibits 1-12, Appendices 1-2, the federal Uniform Rate Review Template, and Attachments I-II being submitted in conjunction with this memorandum.
2. Requested Rate Action:	N/A – Initial product filing
3. Marketing method(s):	KFHP markets and issues their plans through brokers, internet, and direct sales, including on and off the Colorado State Exchange.
4. Premium Classification(s):	Member-level premiums for any given plan vary by geographic location, member demographics, and member tobacco use. The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. Premiums are compliant with the 3:1 age requirement and will vary 1.15:1 for tobacco use for ages 21 and older.
5. Product Description(s):	KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. Products referenced herein cover the required Essential Health Benefits (EHB). KFHP is not including any benefit substitutions in its plans. Pediatric Dental coverage is included with all off exchange offerings except the catastrophic plan.
6. Policy/Rider Impacted:	Please see "Forms" tab
7. Age Basis:	Premiums are charged on a renewal age basis
8. Renewability provision:	Guaranteed Renewable
Additional Information:	Benefit ratios as developed on a state requirement are not necessarily comparable to the federal definition of medical loss ratio per the ACA and resulting regulations. In addition to this Actuarial Memorandum, please refer to the "Part III Actuarial Memorandum" for additional details and further discussion regarding the Federal Uniform Rate Review Template.

B. ASSUMPTION, MERGER OR ACQUISITION	
1. Is product part of assumption, acquisition, or merger (from or with another company)?	No
Assumption:	
Acquisition:	
Merger:	
2. If yes, provide name of company(s):	
3. Closing Date of assumption, merger or acquisition:	
Additional Information:	

C. RATING PERIOD	
Proposed Effective Date: (may not say "upon approval")	1/1/2014
Rating Period:	Annual
Rating Period Dates:	1/1/2014 - 12/31/2014

D. EFFECT OF LAW CHANGES	
Identify and quantify changes resulting from mandated benefits and other law changes:	
Additional Information:	N/A

E. RATE HISTORY	
Provide rate changes made in at least the last three years (if available)	N/A (Initial Filing)

F: COORDINATION OF BENEFITS	
Provides actual loss experience net of any savings:	The rating methodology uses actual experience that is net of any collection of coordination of benefit amounts, and therefore results in an equitable reduction in premiums for a policyholders.
Additional Information:	

G. RELATIONSHIP OF BENEFITS TO PREMIUM	
Description	Percentage
Commissions	3.0%
General expenses	11.0%
Medical Management	3.0%
PPACA Fees	2.7%
Exchange Fees	0.7%
Direct Community Charitable Contribution	2.0%
Capital and Contingency Margin	1.0%
Other	0.0%
Total Retention:	23.4%
Targeted Loss Ratio:	76.6%
Additional Information:	<p>Retention includes broker commissions, administrative expenses, medical management expenses, and capital contribution. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, KFHP owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for Kaiser, these are funded through premium rates.</p> <p>Retention also includes the following ACA-related taxes that will apply in 2014: the PCORI fee, the insurer tax, risk adjustment and reinsurance fees, and exchange fees. Risk adjustment, reinsurance, and exchange fees have all been incorporated into the base rate development, whereas the PCORI fee and the insurer tax have been included in the plan level retention adjustment. Please refer to Exhibit 8 for additional information. Also included in retention is KFHP's direct community benefit investment, as required in order to maintain its status as a not-for-profit health plan.</p> <p>It is expected that KFHP will meet the requirements of the federally defined medical loss ratio. The expense loading reflects the operating methods of the company and its anticipated expenses in Colorado. Please see Appendix II for a discussion of administrative expenses included here compared to the annual statement.</p>

H. Capital and Contingency Margin	
1. Capital and Contingency Margin	1%
2. Proposed load in excess of 7% after tax.	
Provide detailed support:	The target capital and contingency margin for 2014 is 1.0% for this block of business. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of their health care services. KFHP does not have investment income attributable to unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses, and therefore it is not considered in the ratemaking process
Additional Information:	

I. DETERMINATION OF PROPOSED RATES	
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)	
1. Explain, in detail, how rates and/or rate changes were developed:	<p>The following addresses development of the index rate as summarized in Exhibit 1. As indicated in Section K, full credibility has been assumed on the base experience</p> <p>Calendar year 2012 allowed costs were used as the starting point for development of the market-wide index rate. Due to the timing of the submission, the data included is for medical costs incurred between 1/1/2012 and 12/31/2012, and paid through 12/31/2012.</p> <p>Base period data: The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered individual business, incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates. Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing. Note, costs do not include interest and penalty experience due to regional implementation of a new claim adjudication system mid-2011. Earned premiums represent the dues paid by members for coverage during the experience period. No rebates were payable during the experience period.</p> <p>Incurred Estimates: A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels have been set for internal, external and pharmacy categories, for allowed costs, utilization per thousand, and external cost sharing amounts. The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.</p> <p>Adjustments to Base Period Allowed</p> <p>Non-EHB An adjustment has been made to the base period allowed amount to remove the Non-EHB from the Index Rate. To develop this multiplier, historical experience was pulled by</p>

2. Provide adequate support for all assumptions and methodologies used:	<p>detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.</p> <p>This 2012 allowed amount for essential health benefits is considered the experience period index rate. Following is discussion of additional adjustments that have been made to the experience period index rate to project the 2014 index rate.</p> <p>Trend An annual trend assumption of 7.4%, prior to an underwriting wear-off of 3%, was applied from the base period to the projection period. Please refer to Section J. for additional details.</p> <p>Utilization copayment effect adjustment Allowed claims are adjusted for anticipated changes in the average utilization of services due to average cost sharing requirements in the projection period compared to the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. To account for differences in expected utilization due to different plan designs in the projection period and in the base period, an estimate based upon industry standard factors has been made at the plan level to adjust the base period data to what is expected under the new plan designs. This adjustment includes the impact of adding certain EHB in the new plan designs, such as expanded mental health coverage and pharmacy coverage that did not exist in certain plans. These adjustments are documented in Exhibit 2.</p> <p>Demographic and Geographic Area Normalization Differences in expected average age and area of the population are also applied to the base period claims experience to project 2014 experience. An experience period average age was derived by applying 2012 member months to the CMS age factors. 2012 membership distribution by age is summarized in Exhibit 3. A similar process was performed on all existing populations expected to migrate to the individual market. An average age factor for the previously uninsured population was developed based upon an industry study for Colorado. An average 2014 age factor was determined by blending these populations. Similar adjustments were made based upon 2012 membership distribution by geographic area compared to expected 2014 membership distribution by area. The distributions were applied to the proposed geographic rating factors. Please refer to Exhibit 4 for these distributions.</p>
	<p>Changes in Morbidity The morbidity adjustments include underwriting wearoff, changes in morbidity of due to the guarantee issue requirement, and pent-up demand of the currently uninsured. An assumed underwriting wearoff factor has been applied to reflect the fact that the underlying experience is that of a newly underwritten block. Changes in morbidity due to the guarantee issue requirement have been developed by blending expected morbidity of different populations into a single risk pool. The development of these factors along with the documentation of assumptions is included in Exhibit 5.</p> <p>Pediatric dental KFHP will be offering embedded pediatric dental in all its off exchange plans except the catastrophic plan. This coverage is provided by Delta Dental; a capitation amount has been provided to KFHP and incorporated into the index rate. Please refer to Exhibit 6 for additional information.</p> <p>The resulting projected allowed cost PMPM for coverage which includes only EHB is the projected period index rate.</p> <p>Adjustments to the Index Rate</p> <p>Risk Adjustment, Reinsurance, and Exchange Fees: An adjustment is made to the index rate to reflect risk adjustment payments anticipated in the rating period based on the expected risk profile relative to the market. Exhibit 5 documents the development of this risk adjustment factor. An adjustment is also made to the index rate to reflect expected reinsurance recoveries, which in 2014 are 80% of all claims dollars between \$60,000 and \$250,000 per claim. Please refer to Exhibit 7 for additional information. A market-wide adjustment is also made to reflect the fees associated with these two programs. Exhibit 8 illustrates the development of this adjustment, as well as the development of the Exchange fee multiplier, also applied to the market-wide index rate.</p>
	<p>Normalization: Additional factors are then applied to the adjusted index rate in order to normalize it to a base rate reflecting all 1.0 rating factors so that these factors can be applied in order to develop individual rates. This normalization includes applying an average utilization copayment adjustment for all plans offered in 2014 in order to true up utilization to what would be expected under a situation of 100% coverage since the reference plan used as the basis for the AV pricing values is a \$0 cost share plan. Additional normalization factors are age (Exhibit 3), area (Exhibit 4), tobacco use (Exhibit 10), and the contract limit of 3 children adjustment (Exhibit 9), all applied in order to normalize to factors of 1.0.</p> <p>Plan Level Adjustments: Plan level adjustments are then applied to the adjusted, normalized index rate to reflect the following:</p> <ul style="list-style-type: none"> • The actuarial value and cost sharing design of the plan • Administrative costs, excluding Exchange user fees and reinsurance and risk adjustment fees • With respect to catastrophic plans, the expected impact of the specific eligibility categories <p>Medical plan factors have been developed using industry standard data in a model from an independent national actuarial consulting firm, calibrated to KFHP Colorado experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. Therefore, these plan factors reflect both member cost share and the resulting dampening of expected utilization due to those cost shares. The underlying population within the model is a standard population of KFHP Colorado membership; this same population was used to calculate plan factors for all plan designs. Resulting medical plan factors were then blended with pediatric dental factors in order to reflect differences for plans with and without pediatric dental coverage. Please refer to Exhibit 11 for additional information.</p> <p>As discussed above, administrative costs for medical benefits were developed at an aggregate level for all plans based on historical administrative cost PMPMs trended to 2014, taking into account any expected changes in costs. These were then blended with administrative loads for pediatric dental benefits at the plan level to reflect different administrative costs for plans with and without embedded pediatric dental. Please refer to Exhibit 11 for additional information.</p> <p>The catastrophic plan risk pool adjustment includes two components, a morbidity impact and an age impact. Additional information regarding these adjustments can be found in Exhibit 5 (morbidity) and Exhibit 12 (age). This adjustment has been applied to within the plan design factor in the rate manual.</p>

J. TREND	
	Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs
Itemized trend component	Trend (%)
MEDICAL TREND (total)	7.0%
PHARMACEUTICAL TREND (total)	10.0%
INSURANCE TREND - Due to UW wearoff	1.5%
TOTAL AVERAGE ANNUALIZED TREND (required)	9.0%

Additional information:	<p>The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, the projected total annual expense trend of 9.0% has been assumed based upon regional revenue requirements and analysis of prior Kaiser experience. This includes an annual base medical/pharmacy trend of 7.4% and a 2013 to 2014 underwriting wearoff impact of 3% (approximately 1.5% annually when spread across two years).</p> <p>For reference, historical trend experience has been included in additional tabs reflecting allowed and normalized data.</p>
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K. CREDIBILITY	
1. Credibility Percentage (Colorado Only):	100%
The above credibility percentage is based upon:	Life Years & Claims
Other (please specify)	
2. Number of years of data used to calculate above credibility percentage:	1
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	Base membership exposure and claim counts exceed 2000.
Additional Information: (including collateral data, if used)	

L. DATA REQUIREMENTS	Please see tab "Data Requirements"
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M. SIDE-BY-SIDE COMPARISON	N/A; please see Section O.
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N. BENEFITS RATIO PROJECTIONS	Please see "Projected Benefits Ratio"
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O. OTHER FACTORS	
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	Please see tab "Other Rating Factors"
Additional Information:	<p>The enclosed Attachments I-a through I-i contain all applicable rating factors and rating formulas. The factors discussed below can also be found in the "Other Rating Factors" tab of this memorandum. Note that due to the ways in which the binder templates work, multiple plan IDs needed to be created for every benefit plan. For reference, Attachment I-d includes a mapping from plans to the HIOS Plan IDs that are required to be used in the URRT.</p> <p>Area Factors: The area factor table used to develop area specific rates was determined from company experience normalized for risk scores and demographic adjustments. Please see Appendix I-a and I-b for additional details.</p> <p>Age Factors: The age factor table used to develop age specific rates is the standard table provided by CMS and required in the state of Colorado.</p> <p>Tobacco Use Factor: KFHP will be applying a flat 1.15 rating load for tobacco use for ages 21 and older. Due to system limitations related to the federal rate template, a flat load is being applied to all ages. Data provided in a past KFHP individual rate filing (SERFF tracking #KFHP-127905803) supports a factor higher than 1.15, but the factor has been limited so as to comply with the anticipated maximum allowable load in the state of Colorado.</p>

A: SUMMARY 6. Policy/Rider Impacted:

PLAN MARKETING NAME	Exchange	2014 EVIDENCE OF COVERAGE (EOC) DOCUMENT FOOTER/NAME
KPIF KP CO Gold 0/20	On	KPIF_IX_HMO_Gold_0_20_EOC(01-14)
KPIF KP CO Gold 1000/20	On	KPIF_IX_DHMO_GOLD_1000_20_EOC(01-14)
KPIF CO Silver 1500/30	On	KPIF_IX_DHMO_Silver_1500_30_EOC(01-14)
KPIF KP CO Silver 2500/30	On	KPIF_IX_DHMO_Silver_2500_30_EOC(01-14)
KPIF KP CO Silver 1750/25%/HSA	On	KPIF_IX_HDHP_Silver_1750_25%_EOC(01-14)
KPIF KP CO Silver 1500/30/CSR	On	KPIF_IX_DHMO_Silver_1500_30_CSR_EOC(01-14)
KPIF KP CO Silver 0/15/CSR	On	KPIF_IX_DHMO_Silver_0_15_CSR_EOC(01-14)
KPIF KP CO Silver 0/5/CSR	On	KPIF_IX_DHMO_Silver_0_5_CSR_EOC(01-14)
KPIF KP CO Silver 1,300/20%/CSR/HSA	On	KPIF_IX_HDHP_Silver_1300_20%_CSR_EOC(01-14)
KPIF KP CO Silver 500/10%/CSR/HSA	On	KPIF_IX_HDHP_Silver_500_10%_CSR_EOC(01-14)
KPIF KP CO Silver 100/5%/CSR/HSA	On	KPIF_IX_HDHP_Silver_100_5%_CSR_EOC(01-14)
KPIF KP CO Bronze 4500/50	On	KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 4500/50/HSA	On	KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 5000/30%/HSA	On	KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14)
KPIF KP CO Catastrophic 6350/0	On	KPIF_IX_CAT_6350_0_EOC(01-14)
KPIF KP CO 0/0 AI	On	KPIF_IX_AI_0_0_EOC(01-14)
KPIF KP CO Gold 0/20/Dental	Off	KPIF_OX_HMO_Gold_0_20_EOC(01-14)
KPIF KP CO Gold 1000/20/Dental	Off	KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14)
KPIF CO Silver 1500/30/Dental	Off	KPIF_OX_DHMO_Silver_1500_30_EOC(01-14)
KPIF KP CO Silver 2500/30/Dental	Off	KPIF_OX_DHMO_Silver_2500_30_EOC(01-14)
KPIF KP CO Silver 1750/25%/HSA/Dental	Off	KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14)
KPIF KP CO Bronze 4500/50/Dental	Off	KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 4500/50/HSA/Dental	Off	KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 5000/30%/HSA/Dental	Off	KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14)
KPIF KP CO Catastrophic 6350/0	Off	KPIF_OX_CAT_6350_0_EOC(01-14)

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available)		N/A (Initial Filing)			
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE		
Effective Date	Average % of change	Cumulative for past 12 Months
Additional Information:		

L. DATA REQUIREMENTS

Colorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO

Year*	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	64,638,716	49,647,174	16,107	49,663,281	76.8%	28,554	335,994	83,413,105
2011	70,691,744	62,356,901	97,872	62,454,773	88.3%	28,791	356,586	84,107,642
2012	74,633,036	54,880,816	3,753,855	58,634,671	78.6%	27,453	345,044	80,197,493
2013								

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for: Prior Comparable Products: Total grandfathered and non-grandfathered KFHP of CO individual HMO business. 2010 premium values shown assume standard revenue collection and exclude KP/DOI premium refund agreements.

OTHER DATA

Year	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Average Covered Lives	Number of Claims
2011	19,156,382	15,257,642	17,154	15,274,796	8,644	101,703
2012	28,670,878	20,800,520	1,560,562	22,361,082	11,333	138,248
2013						

Above data is for: Prior Comparable Products: Total non-grandfathered KFHP of CO individual HMO business (subset of table above)

Experience Period: (From to)

Additional Information:

Claims counts represent encounters for internal KP expenses, claim information such as inpatient days and outpatient visits for external claims, and number of scripts for Pharmacy.

M. SIDE-BY-SIDE COMPARISON		N/A (Initial Filing)	
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.			
Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	105,350,000	80,722,000	76.6%
Projected Experience With Rate Change	105,350,000	80,722,000	76.6%
Additional Information	Reflects 2014 exposure of expected new product entrants		

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:

Enter Your Member and Claim information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid:

Dec-12

Costs Represent Allowed Claims for total grandfathered+non-grandfathered KFHP of CO individual HMO business; not all members had pharmacy benefits in experience period

Notes:

Row #	Month	Medical			Pharmacy			Medical	Pharmacy	Total
		Members	Total Incurred Claims	Estimated IBNR Claims	Members	Total Incurred Claims	Estimated IBNR Claims	12-Month pmpm	12-Month pmpm	12-Month pmpm
1	Jan-09	26,208	\$4,102,603	\$0	8,353	\$360,744	\$0	---	---	---
2	Feb-09	26,128	\$4,664,676	\$0	8,881	\$371,515	\$0	---	---	---
3	Mar-09	26,241	\$3,944,154	\$0	9,381	\$405,802	\$0	---	---	---
4	Apr-09	26,274	\$4,041,725	\$7	9,768	\$374,898	\$0	---	---	---
5	May-09	26,360	\$4,082,942	\$24	10,091	\$348,324	\$0	---	---	---
6	Jun-09	26,448	\$4,871,333	\$55	10,325	\$368,576	\$0	---	---	---
7	Jul-09	26,502	\$4,699,266	\$93	10,694	\$362,524	\$0	---	---	---
8	Aug-09	26,575	\$4,449,084	\$125	11,030	\$334,613	\$0	---	---	---
9	Sep-09	26,685	\$3,664,434	\$58	11,414	\$366,943	\$0	---	---	---
10	Oct-09	27,019	\$4,870,570	\$164	11,975	\$382,401	\$0	---	---	---
11	Nov-09	27,154	\$4,412,325	\$147	12,357	\$364,583	\$0	---	---	---
12	Dec-09	27,326	\$4,707,127	\$276	12,786	\$424,758	\$0	\$165	\$35	\$200
13	Jan-10	27,432	\$4,767,474	\$357	13,912	\$345,796	\$0	\$166	\$34	\$200
14	Feb-10	27,512	\$4,365,960	\$438	14,317	\$335,536	\$0	\$164	\$32	\$196
15	Mar-10	27,668	\$4,892,870	\$1,251	14,655	\$390,076	\$0	\$167	\$31	\$197
16	Apr-10	27,766	\$5,200,094	\$1,493	14,944	\$376,945	\$0	\$169	\$30	\$199
17	May-10	28,058	\$4,588,051	\$1,554	15,371	\$368,275	\$0	\$170	\$29	\$199
18	Jun-10	28,189	\$4,946,050	\$1,778	15,608	\$405,032	\$0	\$169	\$28	\$198
19	Jul-10	28,509	\$4,961,911	\$2,212	16,109	\$367,701	\$0	\$169	\$27	\$196
20	Aug-10	28,855	\$5,431,974	\$2,700	16,602	\$415,880	\$0	\$171	\$27	\$198
21	Sep-10	29,070	\$4,836,146	\$1,643	16,939	\$413,131	\$0	\$173	\$26	\$199
22	Oct-10	29,413	\$5,198,970	\$2,961	17,441	\$409,256	\$1	\$173	\$26	\$199
23	Nov-10	29,998	\$5,233,346	\$3,006	18,106	\$463,833	\$1	\$174	\$25	\$199
24	Dec-10	30,193	\$5,143,821	\$3,000	18,461	\$513,426	\$1	\$174	\$25	\$199
25	Jan-11	29,428	\$5,616,143	\$4,521	17,931	\$429,541	\$1	\$175	\$25	\$200
26	Feb-11	28,710	\$5,417,617	\$4,260	17,472	\$431,199	\$1	\$178	\$25	\$203
27	Mar-11	28,813	\$5,984,652	\$5,928	17,661	\$543,326	\$1	\$180	\$25	\$206
28	Apr-11	28,792	\$5,378,114	\$4,893	17,752	\$554,151	\$1	\$180	\$26	\$206
29	May-11	28,735	\$5,768,573	\$6,479	17,788	\$575,318	\$2	\$183	\$27	\$210
30	Jun-11	28,682	\$6,322,294	\$9,222	17,837	\$595,572	\$2	\$187	\$27	\$214
31	Jul-11	28,696	\$7,730,517	\$17,064	17,945	\$446,509	\$1	\$195	\$27	\$222
32	Aug-11	28,623	\$5,378,026	\$8,065	18,020	\$538,380	\$2	\$195	\$28	\$223
33	Sep-11	28,637	\$5,593,788	\$11,483	18,102	\$495,298	\$3	\$197	\$28	\$225
34	Oct-11	28,752	\$7,369,678	\$23,759	18,330	\$484,715	\$5	\$204	\$28	\$232
35	Nov-11	28,826	\$5,988,637	\$12,673	18,501	\$544,843	\$7	\$207	\$29	\$236
36	Dec-11	28,808	\$5,833,488	\$18,416	18,596	\$568,424	\$6	\$210	\$29	\$239
37	Jan-12	28,261	\$6,000,120	\$25,275	18,244	\$601,745	\$8	\$212	\$30	\$241
38	Feb-12	27,878	\$5,559,123	\$25,921	18,034	\$656,210	\$10	\$213	\$30	\$243
39	Mar-12	27,889	\$6,000,746	\$42,524	18,133	\$569,482	\$318	\$213	\$31	\$244
40	Apr-12	27,669	\$6,148,292	\$85,833	18,028	\$580,228	\$330	\$217	\$31	\$247
41	May-12	27,577	\$5,385,736	\$77,030	18,045	\$599,486	\$344	\$216	\$31	\$247
42	Jun-12	27,538	\$5,078,536	\$99,511	18,143	\$572,472	\$309	\$214	\$31	\$244
43	Jul-12	27,340	\$5,406,245	\$136,969	18,071	\$607,853	\$867	\$208	\$31	\$239
44	Aug-12	27,233	\$5,152,424	\$174,489	18,037	\$614,343	\$865	\$209	\$32	\$240
45	Sep-12	27,170	\$4,794,281	\$288,218	18,100	\$550,098	\$805	\$208	\$32	\$240
46	Oct-12	27,046	\$5,701,099	\$554,608	18,116	\$714,881	\$994	\$206	\$33	\$239
47	Nov-12	26,914	\$4,923,754	\$829,315	18,064	\$657,711	\$851	\$206	\$34	\$240
48	Dec-12	26,918	\$3,682,545	\$2,178,311	18,144	\$625,838	\$28,813	\$207	\$34	\$241

Start Month	End Month	Medical			Pharmacy			One Year Trends		
		Members Months	Total Incurred Claims	Estimated IBNR Claims	Members Months	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	318,920	\$2,510,239	\$49	127,055	\$4,465,681	0	---	---	---
Jan-10	Dec-10	342,663	\$9,566,667	\$22,393	192,465	\$4,804,887	3	5.6%	-29.0%	-0.5%
Jan-11	Dec-11	345,502	\$2,381,527	\$126,763	215,935	\$6,207,276	32	20.7%	15.1%	20.0%
Jan-12	Dec-12	329,433	\$3,832,901	\$4,518,004	217,159	\$7,350,347	\$4,514	-1.1%	18.3%	1.2%

Start Month	End Month	Medical pmpm	Pharmacy pmpm	Total pmpm
Jan-09	Dec-09	165	35	200
Jan-10	Dec-10	174	25	199
Jan-11	Dec-11	210	29	239
Jan-12	Dec-12	207	34	241

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48. Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

Month Through Which Claims are Paid:

Note:

Dec-12
Costs Represent Allowed Claims normalized for demo, geo, and benefit design.

Row #	Month	Medical		Pharmacy		Medical	Pharmacy	Total
		Members	Normalized Incurred Claims	Members	Normalized Incurred Claims	12-Month pmpm	12-Month pmpm	12-Month pmpm
1	Jan-09	26,208	\$3,078,969	8,353	\$337,387	---	---	---
2	Feb-09	26,128	\$3,501,737	8,881	\$348,384	---	---	---
3	Mar-09	26,241	\$2,958,231	9,381	\$380,715	---	---	---
4	Apr-09	26,274	\$3,033,873	9,768	\$352,438	---	---	---
5	May-09	26,360	\$3,064,183	10,091	\$327,731	---	---	---
6	Jun-09	26,448	\$3,647,216	10,325	\$346,179	---	---	---
7	Jul-09	26,502	\$3,517,842	10,694	\$340,735	---	---	---
8	Aug-09	26,575	\$3,329,670	11,030	\$314,594	---	---	---
9	Sep-09	26,685	\$2,743,415	11,414	\$345,315	---	---	---
10	Oct-09	27,019	\$3,639,059	11,975	\$359,311	---	---	---
11	Nov-09	27,154	\$3,282,624	12,357	\$341,433	---	---	---
12	Dec-09	27,326	\$3,486,620	12,786	\$396,406	\$123	\$33	\$156
13	Jan-10	27,432	\$3,520,864	13,912	\$324,624	\$124	\$32	\$156
14	Feb-10	27,512	\$3,216,763	14,317	\$314,529	\$123	\$30	\$153
15	Mar-10	27,668	\$3,597,376	14,655	\$364,927	\$124	\$29	\$153
16	Apr-10	27,766	\$3,817,096	14,944	\$352,001	\$126	\$28	\$154
17	May-10	28,058	\$3,371,565	15,371	\$344,293	\$126	\$27	\$153
18	Jun-10	28,189	\$3,632,092	15,608	\$378,388	\$126	\$26	\$152
19	Jul-10	28,509	\$3,635,446	16,109	\$342,969	\$125	\$25	\$151
20	Aug-10	28,855	\$3,981,545	16,602	\$388,149	\$126	\$25	\$151
21	Sep-10	29,070	\$3,542,522	16,939	\$385,514	\$128	\$24	\$152
22	Oct-10	29,413	\$3,805,630	17,441	\$381,492	\$127	\$24	\$151
23	Nov-10	29,998	\$3,820,521	18,106	\$431,209	\$128	\$24	\$151
24	Dec-10	30,193	\$3,746,257	18,461	\$476,347	\$127	\$23	\$151
25	Jan-11	29,428	\$4,074,396	17,931	\$397,087	\$128	\$23	\$152
26	Feb-11	28,710	\$3,910,037	17,472	\$396,985	\$130	\$23	\$153
27	Mar-11	28,813	\$4,313,248	17,661	\$499,814	\$132	\$24	\$155
28	Apr-11	28,792	\$3,871,179	17,752	\$509,843	\$131	\$24	\$155
29	May-11	28,735	\$4,139,637	17,788	\$527,998	\$133	\$25	\$158
30	Jun-11	28,682	\$4,535,726	17,837	\$546,533	\$136	\$25	\$161
31	Jul-11	28,696	\$5,532,389	17,945	\$408,829	\$141	\$25	\$166
32	Aug-11	28,623	\$3,840,721	18,020	\$492,427	\$141	\$26	\$166
33	Sep-11	28,637	\$3,997,693	18,102	\$453,446	\$142	\$26	\$168
34	Oct-11	28,752	\$5,270,580	18,330	\$443,718	\$147	\$26	\$173
35	Nov-11	28,826	\$4,272,623	18,501	\$498,223	\$148	\$26	\$175
36	Dec-11	28,808	\$4,150,134	18,596	\$518,174	\$150	\$26	\$177
37	Jan-12	28,261	\$4,247,213	18,244	\$546,061	\$151	\$27	\$178
38	Feb-12	27,878	\$3,926,052	18,034	\$594,055	\$152	\$28	\$180
39	Mar-12	27,889	\$4,240,883	18,133	\$514,931	\$152	\$28	\$180
40	Apr-12	27,669	\$4,359,732	18,028	\$523,597	\$154	\$28	\$182
41	May-12	27,577	\$3,812,516	18,045	\$540,833	\$153	\$28	\$181
42	Jun-12	27,538	\$3,603,686	18,143	\$516,062	\$151	\$28	\$179
43	Jul-12	27,340	\$3,852,976	18,071	\$548,698	\$147	\$28	\$175
44	Aug-12	27,233	\$3,693,926	18,037	\$554,121	\$147	\$29	\$176
45	Sep-12	27,170	\$3,516,101	18,100	\$495,979	\$146	\$29	\$175
46	Oct-12	27,046	\$4,316,415	18,116	\$643,804	\$144	\$30	\$174
47	Nov-12	26,914	\$3,963,777	18,064	\$592,007	\$144	\$30	\$174
48	Dec-12	26,918	\$4,028,287	18,144	\$588,180	\$144	\$31	\$175

Start Month	End Month	Medical		Pharmacy		One Year Trends		
		Members Months	Total Incurred Claims	Members Months	Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	318,920	39,283,439	127,055	4,190,628	---	---	---
Jan-10	Dec-10	342,663	43,687,677	192,465	4,484,442	3.5%	-29.4%	-3.4%
Jan-11	Dec-11	345,502	51,908,363	215,935	5,693,077	17.8%	13.2%	17.1%
Jan-12	Dec-12	329,433	47,561,564	217,159	6,658,328	-3.9%	16.3%	-0.9%

Start Month	End Month	Medical pmpm	Pharmacy pmpm	Total pmpm
Jan-00	Jan-09	123	33	156
Jan-00	Jan-10	127	23	151
Jan-00	Jan-11	150	26	177
Jan-00	Jan-12	144	31	175

O. OTHER FACTORS

Effective Date	Base Rate
1/1/2014	\$240.71

Metallic Level	Street Name	Plan Design Factor	Non-EHB Factor	Admin Factor	Exchange Offering
Gold	KP CO Gold 0/20	0.791	1.000	1.261	On
Gold	KP CO Gold 1000/20	0.742	1.000	1.261	On
Silver	KP CO Silver 1500/30	0.672	1.000	1.261	On
Silver	KP CO Silver 2500/30	0.651	1.000	1.261	On
Silver	KP CO Silver 1750/25%/HSA	0.632	1.000	1.261	On
Bronze	KP CO Bronze 4500/50	0.587	1.000	1.261	On
Bronze	KP CO Bronze 4500/50/HSA	0.500	1.000	1.261	On
Bronze	KP CO Bronze 5000/30%/HSA	0.480	1.000	1.261	On
Catastrophic	KP CO Catastrophic 6350/0	0.487	1.000	1.261	On
Gold	KP CO Gold 0/20/Dental	0.813	1.000	1.257	Off
Gold	KP CO Gold 1000/20/Dental	0.763	1.000	1.257	Off
Silver	KP CO Silver 1500/30/Dental	0.693	1.000	1.256	Off
Silver	KP CO Silver 2500/30/Dental	0.672	1.000	1.256	Off
Silver	KP CO Silver 1750/25%/HSA/Dental	0.653	1.000	1.256	Off
Bronze	KP CO Bronze 4500/50/Dental	0.609	1.000	1.255	Off
Bronze	KP CO Bronze 4500/50/HSA/Dental	0.521	1.000	1.255	Off
Bronze	KP CO Bronze 5000/30%/HSA/Dental	0.502	1.000	1.254	Off
Catastrophic	KP CO Catastrophic 6350/0	0.487	1.000	1.261	Off

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950

Attained Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

Attained Age	Non Tobacco-Use	Tobacco-Use
20 and Under	1.000	1.000
21	1.000	1.150
22	1.000	1.150
23	1.000	1.150
24	1.000	1.150
25	1.000	1.150
26	1.000	1.150
27	1.000	1.150
28	1.000	1.150
29	1.000	1.150
30	1.000	1.150
31	1.000	1.150
32	1.000	1.150
33	1.000	1.150
34	1.000	1.150
35	1.000	1.150
36	1.000	1.150
37	1.000	1.150
38	1.000	1.150
39	1.000	1.150
40	1.000	1.150
41	1.000	1.150
42	1.000	1.150
43	1.000	1.150
44	1.000	1.150
45	1.000	1.150
46	1.000	1.150
47	1.000	1.150
48	1.000	1.150
49	1.000	1.150
50	1.000	1.150
51	1.000	1.150
52	1.000	1.150
53	1.000	1.150
54	1.000	1.150
55	1.000	1.150
56	1.000	1.150
57	1.000	1.150
58	1.000	1.150
59	1.000	1.150
60	1.000	1.150
61	1.000	1.150
62	1.000	1.150
63	1.000	1.150
64	1.000	1.150
65 and over	1.000	1.150

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y						
1	Data Collection Template																													
2																														
3	Company Legal Name:		Kaiser Foundation Health Plan State:										CO																	
4	HIOS Issuer ID:		21032										Market: Individual																	
5	Effective Date of Rate Change(s):		1/1/2014																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2012		to		12/31/2012																							
13			Experience Period		Aggregate Amount		PMPM		% of Prem																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$28,670,878		\$210.82		100.00%																							
15	Incurred Claims in Experience Period		\$22,361,082		164.43		77.99%																							
16	Allowed Claims:		\$29,663,827		218.13		103.46%																							
17	Index Rate of Experience Period				\$217.04																									
18	Experience Period Member Months		135,994																											
19																														
20	Section II: Allowed Claims, PMPM basis																													
21			Experience Period		Projection Period:		1/1/2014		to		12/31/2014		Mid-point to Mid-point, Experience to Projection:										24		months					
22			on Actual Experience Allowed				Adj't. from Experience to Projection Period				Annualized Trend Factors				Projections, before credibility Adjustment				Credibility Manual											
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
24	Inpatient Hospital		Days		76.13		\$5,952.96		\$37.77		1.289		0.966		1.050		1.020		102.09		\$6,337.97		\$53.92		102.09		\$6,337.97		\$53.92	
25	Outpatient Hospital		Visits		282.28		1,658.87		39.02		1.289		0.966		1.050		1.020		378.53		1,766.16		55.71		378.53		\$1,766.16		55.71	
26	Professional		Visits		6,464.29		216.39		116.57		1.289		0.966		1.050		1.020		8,668.54		230.38		166.42		8668.54		\$230.38		166.42	
27	Other Medical		Visits		89.71		514.41		3.85		1.289		0.966		1.050		1.020		120.30		547.68		5.49		120.30		\$547.68		5.49	
28	Capitation				0.00		0.00		0.00		0.000		0.000		0.000		0.000		0.00		0.00		0.00		383.14		215.64		6.89	
29	Prescription Drug		Prescriptions		5,286.51		47.50		20.93		1.289		0.966		1.080		1.020		7,089.15		53.50		31.61		7089.15		\$53.50		31.61	
30	Total								\$218.13														\$313.15						\$320.04	
31																														
32	Section III: Projected Experience:				Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%								100.00%		After Credibility		Projected Period Totals			
33					Paid to Allowed Average Factor in Projection Period																				0.727				\$122,791,347	
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																				\$232.75				\$89,302,427	
35					Projected Risk Adjustments PMPM																				10.24				3,927,206	
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																				\$222.52				\$85,375,222	
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM																				6.95				2,665,988	
38					Projected Incurred Claims																				\$215.57				\$82,709,234	
39					Administrative Expense Load																				16.78%		45.93		17,621,120	
40					Profit & Risk Load																				1.00%		2.74		1,050,121	
41					Taxes & Fees																				3.46%		9.47		3,631,595	
42					Single Risk Pool Gross Premium Avg. Rate, PMPM																						\$273.70		\$105,012,069	
43					Index Rate for Projection Period																						\$320.04			
44					% Increase over Experience Period																						29.82%			
45					% Increase, annualized:																						13.94%			
46					Projected Member Months																								383,677	
47																														
48																														
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
50																														

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of Colorado
21032
1/1/2014

State: CO
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information																																			
Product ID:		HMO 21032C0041																																	
Metal:		Gold		Gold		Gold		Gold		Gold		Silver		Silver		Silver		Silver		Silver		Silver		Silver		Bronze		Bronze		Bronze		Bronze		Bronze	
AV Metal Value		0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	
AV Pricing Value		0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
Plan Name		KP CO Gold 0/20		KP CO Gold 0/20		KP CO Gold 0/20		KP CO Gold 0/20		KP CO Gold 0/20		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30	
Plan ID (Standard Component ID):		21032C00410001		21032C00410010		21032C00410011		21032C00410002		21032C00410012		21032C00410013		21032C00410003		21032C00410014		21032C00410015		21032C00410004		21032C00410016		21032C00410017		21032C00410005		21032C00410018		21032C00410019		21032C00410008		21032C00410024	
Exchange Plan?		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Historical Rate Increase - Calendar Year - 2																																			
Historical Rate Increase - Calendar Year - 1																																			
Historical Rate Increase - Calendar Year 0																																			
Effective Date of Proposed Rates		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014			
Rate Change % (over prior filing)		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	
Rate Change % (over 12 mos prior)		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%	
Proj'd Rate Change % (over Expir. Period)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)	
Product Threshold Rate Increase %		0.00%																																	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible][illegible]

Section III: Experience Period Information

[illegible][illegible]

:tion IV: Projected (12 months following effective date)

[illegible]

[illegible][illegible][illegible][illegible]

						Terminated Plans 21032C0017
Bronze 0.589 0.629 HMO KP CO Bronze 5000/30%/HSA/D ental	Bronze 0.589 0.629 HMO KP CO Bronze 5000/30%/HSA/D ental	Bronze 0.589 0.629 HMO KP CO Bronze 5000/30%/HSA/D ental	Catastrophic 0.000 0.614 HMO KP CO Catastrophic 6350/0	Catastrophic 0.000 0.614 HMO KP CO Catastrophic 6350/0	Catastrophic 0.000 0.614 HMO KP CO Catastrophic 6350/0	Catastrophic 0.000 0.000 HMO
21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	Terminated Plans
No	No	No	No	No	No	No
						7.30%
						7.80%
						9.30%
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	0.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100.00%
						#VALUE!

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

\$282.26	\$282.26	\$282.26	\$282.26	\$282.26	\$282.26	
7.17%	7.17%	7.17%	7.17%	7.17%	7.17%	0

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$210.82
0	0	0	0	0	0	135.994
\$0	\$0	\$0	\$0	\$0	\$0	\$28,670,878
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$29,661,827
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	99.50%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.50%
\$0	\$0	\$0	\$0	\$0	\$0	\$7,302,745
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$22,361,082
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$164.41
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$218.11
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$217.04

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$282.26	\$282.26	\$282.26	\$282.26	\$282.26	\$282.26	\$0.00
7.17%	7.17%	7.17%	7.17%	7.17%	7.17%	-
\$2,025,498	\$2,025,498	\$2,025,498	\$2,025,498	\$2,025,498	\$2,025,498	\$0
99.65%	99.65%	99.65%	99.65%	99.65%	99.65%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	100.00%
\$2,330,334	\$2,330,334	\$2,330,334	\$2,330,334	\$2,330,334	\$2,330,334	
99.65%	99.65%	99.65%	99.65%	99.65%	99.65%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	100.00%
\$741,273	\$741,273	\$741,273	\$741,273	\$741,273	\$741,273	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
\$1,589,061	\$1,589,061	\$1,589,061	\$1,589,061	\$1,589,061	\$1,589,061	\$0
\$51,221	\$51,221	\$51,221	\$51,221	\$51,221	\$51,221	
\$75,452	\$75,452	\$75,452	\$75,452	\$75,452	\$75,452	

**Kaiser Foundation Health Plan of Colorado
Colorado : Individual**

**Exhibit 1
Index Rate Development - Summary**

			<u>Source</u>
(1)	Base Period Allowed	\$218.13	See Memo
(2)	Non-EHB Claims Adjustment	0.9950	See Memo
(3)	Experience Period Index Rate	\$217.04	[(1) * (2)]
(4)	Annualized Trend	7.4%	See Memo
(5)	Months of Trend	24	
(6)	Trend Factor	1.153	[{ 1 + (4) } ^ {(5)/12}]
(7)	Change in Utilization Effect	1.012	Exhibit 2
(8)	Change in demographics	0.960	Exhibit 3
(9)	Change in area	0.999	Exhibit 4
(10)	Underwriting Wearoff	1.030	See Memo
(11)	Change in Morbidity	1.232	Exhibit 5
(12)	Pent Up Demand	1.016	Exhibit 5
(13)	Delta Dental Capitation	\$6.89	Exhibit 6
(14)	Projected Period Index Rate	\$320.04	(3) * product [(6) through (12)] + (13)
	<i>Adjustments to the Market-Wide Index Rate</i>		
(15)	Risk Adjustment	0.956	Exhibit 5
(16)	Reinsurance Recovery	0.949	Exhibit 7
(17)	Risk Adjustment & Reinsurance Fees	1.020	Exhibit 8
(18)	Exchange Fee	1.006	Exhibit 8
	<i>Normalization Factors</i>		
(19)	Utilization Impact	1.157	Exhibit 2
(20)	Contract Limit of 3 Children Factor	1.007	Exhibit 9
(21)	Tobacco Normalization	0.989	Exhibit 10
(22)	Demographic Normalization	0.700	Exhibit 3
(23)	Area Normalization	1.001	Exhibit 4
(24)	Base Rate for Reference Plan <i>Reference Plan is a zero cost share plan</i>	\$240.71	product [(13) through (22)]

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment II - Revised 2013.07.29
Required Rate Sample

40 year old non-tobacco user rates for richest and leanest plan in each metal tier

Plan Name	Rating Area							
	1	2	3	4	6	7	8	9
KP CO Gold 0/20/Dental	\$314.38	\$345.81	\$314.38	\$298.66	\$298.66	\$377.25	\$377.25	\$298.66
KP CO Gold 1000/20	\$287.84	\$316.62	\$287.84	\$273.44	\$273.44	\$345.40	\$345.40	\$273.44
KP CO Silver 1500/30/Dental	\$267.76	\$294.54	\$267.76	\$254.37	\$254.37	\$321.31	\$321.31	\$254.37
KP CO Silver 1750/25%/HSA	\$245.16	\$269.68	\$245.16	\$232.91	\$232.91	\$294.20	\$294.20	\$232.91
KP CO Bronze 4500/50/Dental	\$235.12	\$258.63	\$235.12	\$223.36	\$223.36	\$282.14	\$282.14	\$223.36
KP CO Bronze 5000/30%/HSA	\$186.20	\$204.82	\$186.20	\$176.89	\$176.89	\$223.44	\$223.44	\$176.89
KP CO Catastrophic 6350/0	\$188.92	\$207.81	\$188.92	\$179.47	\$179.47	\$226.70	\$226.70	\$179.47

VAUGHN INDEX

REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Miranda Ross
Company: Kaiser Foundation Health Plan of Colorado
Address: 2530 South Parker Road, Suite 350
Aurora, CO 80014
Email Address: Miranda.J.Ross@kp.org
Telephone: 303-306-2669
Facsimile: 303-306-2676

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.

ID No	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
01	Pricing Assumptions – Utilization experience & projections	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing and utilization assumptions of specific benefits is considered a trade secret and not subject to public disclosure.

For Division use only:

Name of Division Employee:

Filing Date:

DOI Filing Number:

02	Pricing Assumptions – demographic experience & projections	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
03	Pricing Assumptions – geographic experience & projections	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
04	Pricing Assumptions – risk and morbidity experience & projections	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
05	Pricing Assumptions – third party agreements	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing of specific benefits and third party agreements is considered a trade secret and not subject to public disclosure.

For Division use only:

Name of Division Employee:

Filing Date:

DOI Filing Number:

06	Pricing Assumptions – reinsurance development assumptions	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing of specific benefits is considered a trade secret and detailed claims data is considered confidential financial data and not subject to public disclosure.
07	Pricing Assumptions – tax/fee development assumptions	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
08	Pricing Assumptions – membership distribution	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
09	Pricing Assumptions – membership distribution	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.

For Division use only:

Name of Division Employee:

Filing Date:

DOI Filing Number:

10	Pricing Assumptions – administrative and third party information	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
11	Pricing Assumptions – membership information	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
12	Pricing Assumptions – company strategic discussions / assumption support	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions and regional strategic details are considered trade secrets and detailed cost information is considered confidential financial data and therefore neither is subject to public inspection or disclosure.
13	Pricing Assumptions – company financial discussions / cost allocation	5/14/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Company cost allocation information is considered confidential financial data and regional strategic details are considered trade secrets, and therefore neither is subject to public inspection or disclosure.

For Division use only:

Name of Division Employee:

Filing Date:

DOI Filing Number:

Kaiser Foundation Health Plan of Colorado
HIOS Issuer ID 21032
Colorado: Individual
Effective Date: January 1, 2014

Rate Filing Addendum
HIOS Product ID 21032CO041, 21032CO061

Date: 6/5/2013

Kaiser Foundation Health Plan is adding elective abortion coverage to all new products included within this rate filing. This will be the only benefit above the essential health benefit requirements covered in these plans. Per conversations with the Colorado Division of Insurance, this addendum is being provided to the rate filing to demonstrate that the cost of this benefit addition is de minimus to the total premium.

Large group KFHP Colorado data for calendar year 2012 demonstrates a PMPM allowed cost of \$0.20 for abortion services, including both therapeutic and elective. It is expected that including elective abortion coverage on all plans in the individual and small group markets will result in a similar PMPM cost; because this includes both elective and therapeutic abortion services, this is likely a high-end estimate. This high-end estimate amounts to less than a 0.1% impact to projected allowed costs ($=0.20/320.04$). This impact is considered de minimus to the total premium, and therefore KFHP is not changing rates or revising rate filing materials to reflect this change. Instead, any costs resulting from this change will result in a reduction in target capital and contingency margin.

Kaiser Foundation Health Plan of Colorado
Colorado : Individual

Anticipated Retention Levels

		% of Premium Retained
	<u>Issuer Primary Expense and Profit Retention</u>	
	Administrative Expenses (not including expenses in Additional Allowed Section Below):	11.0%
	Commissions:	3.0%
	Medical Management:	3.0%
	Capital and Contingency Margin:	1.0%
	FIT - Federal Income Taxes (includes taxes on profit & contingencies):	0.0%
	Investment Income:	0.0%
(A)	Total:	18.0%
	<u>Retention for Additional Required Taxes, Fees and Assessments</u>	
	PPACA Reinsurance Fee:	1.90%
	PPACA Insurer Fee:	0.65%
	PPACA Risk Adjustment User Fee:	0.03%
	PPACA PCORI Fee:	0.06%
	Exchange user fees:	0.72%
	Premium Taxes:	0.00%
	State Income Taxes:	0.00%
	Other Fees, Assessments, Taxes:	0.00%
	Charitable Contribution:	2.00%
(B)	Total:	5.36%
	<u>Additional Allowed for QI & Member Welfare Section</u>	
	Quality Improvement and Accounting Allowances*:	3.1%
(C)	Total:	3.1%
(D)	Total Premium Retention (A + B):	23.4%
(E)	Colorado Conventional Loss Ratio (100% - D):	76.6%
	Federal MLR Estimate: (E + C) / (100% - B - FIT):	84.2%

*Since KFHP is an integrated health care delivery model that not only provides insurance coverage but also provides for the medical care of its members, many expenses that are incurred can be partially attributed to administrative expense and partially to medical expense. As such, additional considerations (e.g., GAAP vs. statutory accounting principles) are taken into account for the establishment of claims and quality improvement expenses for the federally prescribed MLR.

Kaiser Foundation Health Plan of Colorado
HIOS Issuer ID 21032
Colorado: Individual
Effective Date: January 1, 2014

Rate Filing Amendment
HIOS Product ID 21032CO041, 21032CO061

Date: 7/18/2013

Kaiser Foundation Health Plan received an objection on the binder filing associated with this rate filing stating that during the discriminatory benefit test in which all plans in the individual market were compared, it was determined that Bronze plans 21032CO0410008, 21032CO0410024, 21032CO0410025, 21032CO0610008, 21032CO0610024, and 21032CO0610025 were considered discriminatory for the benefit 'Preferred Brand Drugs' based on the coinsurance of 50%. These six plan IDs correspond to the following two benefit designs: KP CO Bronze 4500/50 and KP CO Bronze 4500/50/Dental. The preferred brand coinsurance has been revised to 45% on these plans in order to comply with the discriminatory benefit test.

The impact of this benefit change has been estimated using the same model from an independent national actuarial consulting firm, calibrated to KFHP experience, that was used to calculate the plan factors submitted in this rate filing. Due to the high generic utilization reflected within KFHP data, it is anticipated that this benefit change will have a minimal impact on costs, approximately 0.1% on the KP CO Bronze 4500/50 and KP CO Bronze 4500/50/Dental plans. The impact is considered de minimus to the aggregate premium for the block, and therefore KFHP is not changing rates or revising rate filing materials to reflect this change. Instead, any costs resulting from this change will result in a reduction in target capital and contingency margin. A revised URRT is being submitted that reflects the revised metallic actuarial values for the two impacted benefit plans.

Kaiser Foundation Health Plan of Colorado
HIOS Issuer ID 21032
Colorado: Individual
Effective Date: January 1, 2014

Rate Filing Amendment
HIOS Product ID 21032CO041, 21032CO061

Date: 7/29/2013

Kaiser Foundation Health Plan received an objection on the binder filing associated with this rate filing stating that for the off-exchange catastrophic plan with embedded pediatric dental ("KP CO Catastrophic 6350/0/Dental"), the pediatric dental services must accumulate to the deductible. Consequently, KFHP is removing pediatric dental from this benefit plan (HIOS Plan IDs 21032CO0610009, 21032CO0610026, 21032CO0610027). Because of this change, there is now a single catastrophic plan design offered by KFHP, both on and off the exchange. The marketing name for this plan is "KP CO Catastrophic 6350/0". There will continue to be six HIOS plan IDs (three on exchange, three off exchange) associated with this benefit design.

Due to the benefit change, rates for the former "KP CO Catastrophic 6350/0/Dental" plan have been changed to remove the pediatric dental coverage charge from this plan. Rates are not changing to any other plan due to this revision. Applicable documents in the rate filing have been adjusted to reflect the updated marketing name and updated rates for the off-exchange catastrophic plan. The following documents have been updated: Colorado Actuarial Memorandum, Rate Manual, URRT, Rate Sample, and Exhibit 11. An updated URRT is also being submitted via the binder and via HIOS, and an updated Rate Data Template is being submitted via the binder.

State: Colorado

Filing Company: Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KFHP CO Direct Pay

Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/18/2013		Supporting Document	Unified Rate Review Template	07/29/2013	2014.01 KFHP CO KPIF URRT_Revised 2013.07.18.xlsm (Superceded) 2014.01 KFHP CO KPIF URRT_Revised 2013.07.18_PDF of Required Excel Submission.pdf (Superceded)
07/17/2013		Rate	Rate Manual	07/29/2013	2014.01 KFHP CO KPIF Att I_Revised 2013.07.15.pdf (Superceded)
07/17/2013		Supporting Document	Actuarial Memorandum and Certifications	07/29/2013	2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15.xls (Superceded) 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15_PDF of Required Excel Submission.pdf (Superceded)

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado**Filing Company:**

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO**Product Name:** KFHP CO Direct Pay**Project Name/Number:** 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/17/2013		Supporting Document	Attachment II	07/29/2013	2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15.xls (Superceded) 2014.01 KFHP CO KPIF_AttII RateSample_Revised 2013.07.15_PDF of Required Excel Submission.pdf (Superceded)
06/04/2013		Supporting Document	Unified Rate Review Template	07/18/2013	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm (Superceded) 2014.01 KFHP CO KPIF URRT_Revised 2013.05.21_PDF of Required Excel Submission.pdf (Superceded)
06/04/2013		Supporting Document	Attachment II	07/17/2013	2014.01 KFHP CO KPIF_AttII RateSample.xls (Superceded) 2014.01 KFHP CO KPIF_AttII RateSample_PDF of Required Excel Submission.pdf (Superceded)
06/04/2013		Supporting Document	Actuarial Memorandum and Certifications	07/17/2013	2014.01 KFHP CO KPIF ActMemo.xls (Superceded) 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf 2014.01 KFHP CO KPIF_Act Memo_PDF of Required Excel Submission.pdf (Superceded)

SERFF Tracking #:

KFHP-129012749

State Tracking #:

278032

Company Tracking #:

2014.01 KFHP CO KPIF

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KFHP CO Direct Pay

Project Name/Number: 2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/21/2013		Supporting Document	Unified Rate Review Template	06/04/2013	2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm
05/12/2013		Rate	Rate Manual	07/17/2013	2014.01 KFHP CO KPIF Att I.pdf (Superceded)
05/12/2013		Supporting Document	Attachment II	06/04/2013	2014.01 KFHP CO KPIF_AttII RateSample.xls
05/02/2013		Supporting Document	Actuarial Memorandum and Certifications	06/04/2013	2014.01 KFHP CO KPIF ActMemo.xls 2014.01 KFHP CO KPIF Part III ActMemo.pdf 2014.01 KFHP CO KPIF Cert.pdf
05/02/2013		Supporting Document	Unified Rate Review Template	05/21/2013	201401 KFHP CO KPIF UnifiedRateReviewSubmission_201 3051015256.xml (Superceded)

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	KFHP CO Direct Pay		
Project Name/Number:	2014.01 KFHP CO Direct Pay Rate Filing/2014.01 KFHP CO Direct Pay		

Attachment 2014.01 KFHP CO KPIF URRT_Revised 2013.07.18.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2014.01 KFHP CO KPIF ActMemo_Revised 2013.07.15.xls is not a PDF document and cannot be reproduced here.

Attachment 2014.01 KFHP CO KPIF_Attrl RateSample_Revised 2013.07.15.xls is not a PDF document and cannot be reproduced here.

Attachment 2014.01 KFHP CO KPIF URRT_Revised 2013.05.21.xlsm is not a PDF document and cannot be reproduced here.

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Attachment 201401 KFHP CO KPIF UnifiedRateReviewSubmission_2013051015256.xml is not a PDF document and cannot be reproduced here.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y						
1	Data Collection Template																													
2																														
3	Company Legal Name:		Kaiser Foundation Health Plan												State:		CO													
4	HIOS Issuer ID:		21032												Market:		Individual													
5	Effective Date of Rate Change(s):		1/1/2014																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2012		to		12/31/2012																							
13			Experience Period		Aggregate Amount		PMPM		% of Prem																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$28,670,878		\$210.82		100.00%																							
15	Incurred Claims in Experience Period		\$22,361,082		164.43		77.99%																							
16	Allowed Claims:		\$29,663,827		218.13		103.46%																							
17	Index Rate of Experience Period				\$217.04																									
18	Experience Period Member Months		135,994																											
19																														
20	Section II: Allowed Claims, PMPM basis																													
21			Experience Period		Projection Period:		1/1/2014		to		12/31/2014		Mid-point to Mid-point, Experience to Projection:		24 months															
22			on Actual Experience Allowed		Adj't. from Experience to		Projection Period		Annualized Trend		Factors		Projections, before credibility Adjustment		Credibility Manual															
23	Benefit Category		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM			
24	Inpatient Hospital		Days		76.13		\$5,952.96		\$37.77		1.289		0.966		1.050		1.020		102.09		\$6,337.97		\$53.92		102.09		\$6,337.97		\$53.92	
25	Outpatient Hospital		Visits		282.28		1,658.87		39.02		1.289		0.966		1.050		1.020		378.53		1,766.16		55.71		378.53		\$1,766.16		55.71	
26	Professional		Visits		6,464.29		216.39		116.57		1.289		0.966		1.050		1.020		8,668.54		230.38		166.42		8668.54		\$230.38		166.42	
27	Other Medical		Visits		89.71		\$14.41		3.85		1.289		0.966		1.050		1.020		120.30		547.68		5.49		120.30		\$547.68		5.49	
28	Capitation				0.00		0.00		0.00		0.000		0.000		0.000		0.000		0.00		0.00		0.00		383.14		215.64		6.89	
29	Prescription Drug		Prescriptions		5,286.51		47.50		20.93		1.289		0.966		1.080		1.020		7,089.15		53.50		31.61		7089.15		\$53.50		31.61	
30	Total								\$218.13														\$313.15						\$320.04	
31																														
32	Section III: Projected Experience:																								After Credibility		Projected Period Totals			
33																														
34																														
35																														
36																														
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of Colorado
21032
1/1/2014

State: CO
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information																																					
Product ID:		HMO 21032C0041																																			
Metal:		Gold		Gold		Gold		Gold		Gold		Silver		Silver		Silver		Silver		Silver		Silver		Silver		Bronze		Bronze		Bronze		Bronze		Bronze			
AV Metal Value		0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814			
AV Pricing Value		0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998			
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO			
Plan Name		KP CO Gold 0/20		KP CO Gold 0/20		KP CO Gold 0/20		KP CO Gold 1000/20		KP CO Gold 1000/20		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30		KP CO Silver 1500/30			
Plan ID (Standard Component ID):		21032C00410001		21032C00410010		21032C00410011		21032C00410002		21032C00410012		21032C00410013		21032C00410003		21032C00410014		21032C00410015		21032C00410004		21032C00410016		21032C00410017		21032C00410005		21032C00410018		21032C00410019		21032C00410008		21032C00410024		21032C00410025	
Exchange Plan?		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Historical Rate Increase - Calendar Year - 2																																					
Historical Rate Increase - Calendar Year - 1																																					
Historical Rate Increase - Calendar Year 0																																					
Effective Date of Proposed Rates		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014		1/1/2014			
Rate Change % (over prior filing)		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%			
Rate Change % (over 12 mos prior)		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%		999.00%			
Proj'd Rate Change % (over Expir. Period)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)		RDV(0)			
Product Threshold Rate Increase %		0.00%																																			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible][illegible]

Section III: Experience Period Information

[illegible][illegible]

:tion IV: Projected (12 months following effective date)

[illegible]

[illegible]

						Terminated Plans
Bronze	Bronze	Bronze	Catastrophic	Catastrophic	Catastrophic	21012C0017
0.589	0.589	0.589	0.000	0.000	0.000	0.000
0.629	0.629	0.629	0.638	0.638	0.638	0.000
HMO	HMO	HMO	HMO	HMO	HMO	HMO
KP CO Bronze	KP CO Bronze	KP CO Bronze	KP CO	KP CO	KP CO	
5000/30%/HSA/Dental	5000/30%/HSA/Dental	5000/30%/HSA/Dental	Catastrophic 6350/0/Dental	Catastrophic 6350/0/Dental	Catastrophic 6350/0/Dental	Terminated Plans
21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
No	No	No	No	No	No	No
						7.30%
						7.80%
						9.30%
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	0.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	110.00%
						#VALUE!

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	
7.17%	7.17%	7.17%	7.17%	7.17%	7.17%	0

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$210.82
0	0	0	0	0	0	135.994
\$0	\$0	\$0	\$0	\$0	\$0	\$28,670,878
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$29,661,827
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	99.50%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.50%
\$0	\$0	\$0	\$0	\$0	\$0	\$7,302,745
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$22,365,082
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$164.43
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$218.11
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$217.04

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	\$0.00
7.17%	7.17%	7.17%	7.17%	7.17%	7.17%	-
\$2,029,350	\$2,029,350	\$2,029,350	\$2,029,350	\$2,029,350	\$2,029,350	\$0
99.65%	99.65%	99.65%	99.65%	99.65%	99.65%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	100.00%
\$2,331,728	\$2,331,728	\$2,331,728	\$2,331,728	\$2,331,728	\$2,331,728	
99.65%	99.65%	99.65%	99.65%	99.65%	99.65%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	100.00%
\$799,215	\$799,215	\$799,215	\$799,215	\$799,215	\$799,215	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
\$1,592,514	\$1,592,514	\$1,592,514	\$1,592,514	\$1,592,514	\$1,592,514	\$0
\$50,640	\$50,640	\$50,640	\$50,640	\$50,640	\$50,640	
\$74,596	\$74,596	\$74,596	\$74,596	\$74,596	\$74,596	

**Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors**

**Attachment I-a
Rating Formula**

Member Rate Calculation

Base Rate	a
Geographic Location Factor	b
Plan Design Factor	c
Non-EHB Factor	d
Administrative Factor	e
Age Factor	f
Tobacco Use Factor	g
<hr/>	
Member Rate	$h = a * b * c * d * e * f * g$

Family - Maximum Child

The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. All child dependents age 21 and older are included in the family premium calculation.

- * A penny was subtracted off age 64 and over rates in order for the rates to validate during the SERFF rate template upload.

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-b
Base Rate

Effective Date	Base Rate
1/1/2014	\$240.71

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-c
Geographic Rating Factors

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950

KFHP provides care within its defined service areas. This includes coverage within all or part of the rating areas listed above, and does not necessarily include all counties within each rating area.

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-d
Plan Definitions

Plan "Street Name"	Plan IDs	Exchange Offering
KP CO Gold 0/20	21032CO0410001 21032CO0410010 21032CO0410011	On
KP CO Gold 1000/20	21032CO0410002 21032CO0410012 21032CO0410013	On
KP CO Silver 1500/30	21032CO0410003 21032CO0410014 21032CO0410015	On
KP CO Silver 2500/30	21032CO0410004 21032CO0410016 21032CO0410017	On
KP CO Silver 1750/25%/HSA	21032CO0410005 21032CO0410018 21032CO0410019	On
KP CO Bronze 4500/50	21032CO0410008 21032CO0410024 21032CO0410025	On
KP CO Bronze 4500/50/HSA	21032CO0410006 21032CO0410022 21032CO0410023	On
KP CO Bronze 5000/30%/HSA	21032CO0410007 21032CO0410020 21032CO0410021	On
KP CO Catastrophic 6350/0	21032CO0410009 21032CO0410026 21032CO0410027	On
KP CO Gold 0/20/Dental	21032CO0610001 21032CO0610010 21032CO0610011	Off
KP CO Gold 1000/20/Dental	21032CO0610002 21032CO0610012 21032CO0610013	Off
KP CO Silver 1500/30/Dental	21032CO0610003 21032CO0610014 21032CO0610015	Off
KP CO Silver 2500/30/Dental	21032CO0610004 21032CO0610016 21032CO0610017	Off
KP CO Silver 1750/25%/HSA/Dental	21032CO0610005 21032CO0610018 21032CO0610019	Off
KP CO Bronze 4500/50/Dental	21032CO0610008 21032CO0610024 21032CO0610025	Off
KP CO Bronze 4500/50/HSA/Dental	21032CO0610007 21032CO0610022 21032CO0610023	Off
KP CO Bronze 5000/30%/HSA/Dental	21032CO0610006 21032CO0610020 21032CO0610021	Off
KP CO Catastrophic 6350/0/Dental	21032CO0610009 21032CO0610026 21032CO0610027	Off

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-e
Allowable Modifiers by Plan: Plan Design Factor

Plan Name	Factor
KP CO Gold 0/20	0.791
KP CO Gold 1000/20	0.742
KP CO Silver 1500/30	0.672
KP CO Silver 2500/30	0.651
KP CO Silver 1750/25%/HSA	0.632
KP CO Bronze 4500/50	0.587
KP CO Bronze 4500/50/HSA	0.500
KP CO Bronze 5000/30%/HSA	0.480
KP CO Catastrophic 6350/0	0.487
KP CO Gold 0/20/Dental	0.813
KP CO Gold 1000/20/Dental	0.763
KP CO Silver 1500/30/Dental	0.693
KP CO Silver 2500/30/Dental	0.672
KP CO Silver 1750/25%/HSA/Dental	0.653
KP CO Bronze 4500/50/Dental	0.609
KP CO Bronze 4500/50/HSA/Dental	0.521
KP CO Bronze 5000/30%/HSA/Dental	0.502
KP CO Catastrophic 6350/0/Dental	0.509

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-f
Allowable Modifiers by Plan: Non-EHB

Plan Name	Factor
KP CO Gold 0/20	1.000
KP CO Gold 1000/20	1.000
KP CO Silver 1500/30	1.000
KP CO Silver 2500/30	1.000
KP CO Silver 1750/25%/HSA	1.000
KP CO Bronze 4500/50	1.000
KP CO Bronze 4500/50/HSA	1.000
KP CO Bronze 5000/30%/HSA	1.000
KP CO Catastrophic 6350/0	1.000
KP CO Gold 0/20/Dental	1.000
KP CO Gold 1000/20/Dental	1.000
KP CO Silver 1500/30/Dental	1.000
KP CO Silver 2500/30/Dental	1.000
KP CO Silver 1750/25%/HSA/Dental	1.000
KP CO Bronze 4500/50/Dental	1.000
KP CO Bronze 4500/50/HSA/Dental	1.000
KP CO Bronze 5000/30%/HSA/Dental	1.000
KP CO Catastrophic 6350/0/Dental	1.000

**Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors**

**Attachment I-g
Allowable Modifiers by Plan: Administrative Factor**

Plan Name	Factor
KP CO Gold 0/20	1.261
KP CO Gold 1000/20	1.261
KP CO Silver 1500/30	1.261
KP CO Silver 2500/30	1.261
KP CO Silver 1750/25%/HSA	1.261
KP CO Bronze 4500/50	1.261
KP CO Bronze 4500/50/HSA	1.261
KP CO Bronze 5000/30%/HSA	1.261
KP CO Catastrophic 6350/0	1.261
KP CO Gold 0/20/Dental	1.257
KP CO Gold 1000/20/Dental	1.257
KP CO Silver 1500/30/Dental	1.256
KP CO Silver 2500/30/Dental	1.256
KP CO Silver 1750/25%/HSA/Dental	1.256
KP CO Bronze 4500/50/Dental	1.255
KP CO Bronze 4500/50/HSA/Dental	1.255
KP CO Bronze 5000/30%/HSA/Dental	1.254
KP CO Catastrophic 6350/0/Dental	1.254

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-h
Age Rating Factors

Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-i
Tobacco Use Rating Factors

Age	Non Tobacco-Use	Tobacco-Use
20 and Under	1.000	1.000
21	1.000	1.150
22	1.000	1.150
23	1.000	1.150
24	1.000	1.150
25	1.000	1.150
26	1.000	1.150
27	1.000	1.150
28	1.000	1.150
29	1.000	1.150
30	1.000	1.150
31	1.000	1.150
32	1.000	1.150
33	1.000	1.150
34	1.000	1.150
35	1.000	1.150
36	1.000	1.150
37	1.000	1.150
38	1.000	1.150
39	1.000	1.150
40	1.000	1.150
41	1.000	1.150
42	1.000	1.150
43	1.000	1.150
44	1.000	1.150
45	1.000	1.150
46	1.000	1.150
47	1.000	1.150
48	1.000	1.150
49	1.000	1.150
50	1.000	1.150
51	1.000	1.150
52	1.000	1.150
53	1.000	1.150
54	1.000	1.150
55	1.000	1.150
56	1.000	1.150
57	1.000	1.150
58	1.000	1.150
59	1.000	1.150
60	1.000	1.150
61	1.000	1.150
62	1.000	1.150
63	1.000	1.150
64	1.000	1.150
65 and over	1.000	1.150

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	Kaiser Foundation Health Plan of Colorado
State & Business Line	Colorado: Individual
NAIC #:	95669
SERFF Filing #:	KFHP-129012749
SERFF Binder Filing #:	KFHP-CO14-125001173

A: SUMMARY	
1. Reason(s):	This memorandum and the accompanying exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) individual products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing is to comply with current and developing Federal and State requirements as indicated by the Affordable Care Act (ACA) and corresponding regulations and interpretations. This filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of premium rates for all of 2014. The discussion within this actuarial memorandum is limited to the information included in this Excel file, the attached Exhibits 1-12, Appendices 1-2, the federal Uniform Rate Review Template, and Attachments I-II being submitted in conjunction with this memorandum.
2. Requested Rate Action:	N/A – Initial product filing
3. Marketing method(s):	KFHP markets and issues their plans through brokers, internet, and direct sales, including on and off the Colorado State Exchange.
4. Premium Classification(s):	Member-level premiums for any given plan vary by geographic location, member demographics, and member tobacco use. The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. Premiums are compliant with the 3:1 age requirement and will vary 1.15:1 for tobacco use for ages 21 and older.
5. Product Description(s):	KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. Products referenced herein cover the required Essential Health Benefits (EHB). KFHP is not including any benefit substitutions in its plans. Pediatric Dental coverage is included with off exchange offerings.
6. Policy/Rider Impacted:	Please see "Forms" tab
7. Age Basis:	Premiums are charged on a renewal age basis
8. Renewability provision:	Guaranteed Renewable
Additional Information:	Benefit ratios as developed on a state requirement are not necessarily comparable to the federal definition of medical loss ratio per the ACA and resulting regulations. In addition to this Actuarial Memorandum, please refer to the "Part III Actuarial Memorandum" for additional details and further discussion regarding the Federal Uniform Rate Review Template.

B. ASSUMPTION, MERGER OR ACQUISITION	
1. Is product part of assumption, acquisition, or merger (from or with another company)?	No
Assumption:	
Acquisition:	
Merger:	
2. If yes, provide name of company(s):	
3. Closing Date of assumption, merger or acquisition:	
Additional Information:	

C. RATING PERIOD	
Proposed Effective Date: (may not say "upon approval")	1/1/2014
Rating Period:	Annual
Rating Period Dates:	1/1/2014 - 12/31/2014

D. EFFECT OF LAW CHANGES	
Identify and quantify changes resulting from mandated benefits and other law changes:	
Additional Information:	N/A

E. RATE HISTORY	
Provide rate changes made in at least the last three years (if available)	N/A (Initial Filing)

F: COORDINATION OF BENEFITS	
Provides actual loss experience net of any savings:	The rating methodology uses actual experience that is net of any collection of coordination of benefit amounts, and therefore results in an equitable reduction in premiums for a policyholders.
Additional Information:	

G. RELATIONSHIP OF BENEFITS TO PREMIUM	
Description	Percentage
Commissions	3.0%
General expenses	11.0%
Medical Management	3.0%
PPACA Fees	2.7%
Exchange Fees	0.7%
Direct Community Charitable Contribution	2.0%
Capital and Contingency Margin	1.0%
Other	0.0%
Total Retention:	23.4%
Targeted Loss Ratio:	76.6%
Additional Information:	<p>Retention includes broker commissions, administrative expenses, medical management expenses, and capital contribution. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, KFHP owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for Kaiser, these are funded through premium rates.</p> <p>Retention also includes the following ACA-related taxes that will apply in 2014: the PCORI fee, the insurer tax, risk adjustment and reinsurance fees, and exchange fees. Risk adjustment, reinsurance, and exchange fees have all been incorporated into the base rate development, whereas the PCORI fee and the insurer tax have been included in the plan level retention adjustment. Please refer to Exhibit 8 for additional information. Also included in retention is KFHP's direct community benefit investment, as required in order to maintain its status as a not-for-profit health plan.</p> <p>It is expected that KFHP will meet the requirements of the federally defined medical loss ratio. The expense loading reflects the operating methods of the company and its anticipated expenses in Colorado. Please see Appendix II for a discussion of administrative expenses included here compared to the annual statement.</p>

H. Capital and Contingency Margin	
1. Capital and Contingency Margin	1%
2. Proposed load in excess of 7% after tax.	
Provide detailed support:	The target capital and contingency margin for 2014 is 1.0% for this block of business. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of their health care services. KFHP does not have investment income attributable to unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses, and therefore it is not considered in the ratemaking process.
Additional Information:	

I. DETERMINATION OF PROPOSED RATES	
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)	
1. Explain, in detail, how rates and/or rate changes were developed:	<p>The following addresses development of the index rate as summarized in Exhibit 1. As indicated in Section K, full credibility has been assumed on the base experience.</p> <p>Calendar year 2012 allowed costs were used as the starting point for development of the market-wide index rate. Due to the timing of the submission, the data included is for medical costs incurred between 1/1/2012 and 12/31/2012, and paid through 12/31/2012.</p> <p>Base period data: The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered individual business, incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates. Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing. Note, costs do not include interest and penalty experience due to regional implementation of a new claim adjudication system mid-2011. Earned premiums represent the dues paid by members for coverage during the experience period. No rebates were payable during the experience period.</p> <p>Incurred Estimates: A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels have been set for internal, external and pharmacy categories, for allowed costs, utilization per thousand, and external cost sharing amounts. The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.</p> <p>Adjustments to Base Period Allowed</p> <p>Non-EHB An adjustment has been made to the base period allowed amount to remove the Non-EHB from the Index Rate. To develop this multiplier, historical experience was pulled by</p>

<p>2. Provide adequate support for all assumptions and methodologies used:</p>	<p>detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.</p> <p>This 2012 allowed amount for essential health benefits is considered the experience period index rate. Following is discussion of additional adjustments that have been made to the experience period index rate to project the 2014 index rate.</p> <p>Trend An annual trend assumption of 7.4%, prior to an underwriting wear-off of 3%, was applied from the base period to the projection period. Please refer to Section J. for additional details.</p> <p>Utilization copayment effect adjustment Allowed claims are adjusted for anticipated changes in the average utilization of services due to average cost sharing requirements in the projection period compared to the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. To account for differences in expected utilization due to different plan designs in the projection period and in the base period, an estimate based upon industry standard factors has been made at the plan level to adjust the base period data to what is expected under the new plan designs. This adjustment includes the impact of adding certain EHB in the new plan designs, such as expanded mental health coverage and pharmacy coverage that did not exist in certain plans. These adjustments are documented in Exhibit 2.</p> <p>Demographic and Geographic Area Normalization Differences in expected average age and area of the population are also applied to the base period claims experience to project 2014 experience. An experience period average age was derived by applying 2012 member months to the CMS age factors. 2012 membership distribution by age is summarized in Exhibit 3. A similar process was performed on all existing populations expected to migrate to the individual market. An average age factor for the previously uninsured population was developed based upon an industry study for Colorado. An average 2014 age factor was determined by blending these populations. Similar adjustments were made based upon 2012 membership distribution by geographic area compared to expected 2014 membership distribution by area. The distributions were applied to the proposed geographic rating factors. Please refer to Exhibit 4 for these distributions.</p>
	<p>Changes in Morbidity The morbidity adjustments include underwriting wearoff, changes in morbidity of due to the guarantee issue requirement, and pent-up demand of the currently uninsured. An assumed underwriting wearoff factor has been applied to reflect the fact that the underlying experience is that of a newly underwritten block. Changes in morbidity due to the guarantee issue requirement have been developed by blending expected morbidity of different populations into a single risk pool. The development of these factors along with the documentation of assumptions is included in Exhibit 5.</p> <p>Pediatric dental KFHP will be offering embedded pediatric dental in its off exchange plans. This coverage is provided by Delta Dental; a capitation amount has been provided to KFHP and incorporated into the index rate. Please refer to Exhibit 6 for additional information.</p> <p>The resulting projected allowed cost PMPM for coverage which includes only EHB is the projected period index rate.</p> <p>Adjustments to the Index Rate</p> <p>Risk Adjustment, Reinsurance, and Exchange Fees: An adjustment is made to the index rate to reflect risk adjustment payments anticipated in the rating period based on the expected risk profile relative to the market. Exhibit 5 documents the development of this risk adjustment factor. An adjustment is also made to the index rate to reflect expected reinsurance recoveries, which in 2014 are 80% of all claims dollars between \$60,000 and \$250,000 per claim. Please refer to Exhibit 7 for additional information. A market-wide adjustment is also made to reflect the fees associated with these two programs. Exhibit 8 illustrates the development of this adjustment, as well as the development of the Exchange fee multiplier, also applied to the market-wide index rate.</p>
	<p>Normalization: Additional factors are then applied to the adjusted index rate in order to normalize it to a base rate reflecting all 1.0 rating factors so that these factors can be applied in order to develop individual rates. This normalization includes applying an average utilization copayment adjustment for all plans offered in 2014 in order to true up utilization to what would be expected under a situation of 100% coverage since the reference plan used as the basis for the AV pricing values is a \$0 cost share plan. Additional normalization factors are age (Exhibit 3), area (Exhibit 4), tobacco use (Exhibit 10), and the contract limit of 3 children adjustment (Exhibit 9), all applied in order to normalize to factors of 1.0.</p> <p>Plan Level Adjustments: Plan level adjustments are then applied to the adjusted, normalized index rate to reflect the following:</p> <ul style="list-style-type: none"> • The actuarial value and cost sharing design of the plan • Administrative costs, excluding Exchange user fees and reinsurance and risk adjustment fees • With respect to catastrophic plans, the expected impact of the specific eligibility categories <p>Medical plan factors have been developed using industry standard data in a model from an independent national actuarial consulting firm, calibrated to KFHP Colorado experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. Therefore, these plan factors reflect both member cost share and the resulting dampening of expected utilization due to those cost shares. The underlying population within the model is a standard population of KFHP Colorado membership; this same population was used to calculate plan factors for all plan designs. Resulting medical plan factors were then blended with pediatric dental factors in order to reflect differences for plans with and without pediatric dental coverage. Please refer to Exhibit 11 for additional information.</p> <p>As discussed above, administrative costs for medical benefits were developed at an aggregate level for all plans based on historical administrative cost PMPMs trended to 2014, taking into account any expected changes in costs. These were then blended with administrative loads for pediatric dental benefits at the plan level to reflect different administrative costs for plans with and without embedded pediatric dental. Please refer to Exhibit 11 for additional information.</p> <p>The catastrophic plan risk pool adjustment includes two components, a morbidity impact and an age impact. Additional information regarding these adjustments can be found in Exhibit 5 (morbidity) and Exhibit 12 (age). This adjustment has been applied to within the plan design factor in the rate manual.</p>

J. TREND	
Itemized trend component	Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs Trend (%)
MEDICAL TREND (total)	7.0%
PHARMACEUTICAL TREND (total)	10.0%
INSURANCE TREND - Due to UW wearoff	1.5%
TOTAL AVERAGE ANNUALIZED TREND (required)	9.0%

Additional information:	<p>The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, the projected total annual expense trend of 9.0% has been assumed based upon regional revenue requirements and analysis of prior Kaiser experience. This includes an annual base medical/pharmacy trend of 7.4% and a 2013 to 2014 underwriting wearoff impact of 3% (approximately 1.5% annually when spread across two years).</p> <p>For reference, historical trend experience has been included in additional tabs reflecting allowed and normalized data</p>
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K. CREDIBILITY	
1. Credibility Percentage (Colorado Only):	100%
The above credibility percentage is based upon:	Life Years & Claims
Other (please specify)	
2. Number of years of data used to calculate above credibility percentage:	1
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	Base membership exposure and claim counts exceed 2000.
Additional Information: (including collateral data, if used)	

L. DATA REQUIREMENTS	Please see tab "Data Requirements"
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M. SIDE-BY-SIDE COMPARISON	N/A; please see Section O.
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N. BENEFITS RATIO PROJECTIONS	Please see "Projected Benefits Ratio"
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O. OTHER FACTORS	
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	Please see tab "Other Rating Factors"
Additional Information:	<p>The enclosed Attachments I-a through I-i contain all applicable rating factors and rating formulas. The factors discussed below can also be found in the "Other Rating Factors" tab of this memorandum. Note that due to the ways in which the binder templates work, multiple plan IDs needed to be created for every benefit plan. For reference, Attachment I-d includes a mapping from plans to the HIOS Plan IDs that are required to be used in the URRT.</p> <p>Area Factors: The area factor table used to develop area specific rates was determined from company experience normalized for risk scores and demographic adjustments. Please see Appendix I-a and I-b for additional details.</p> <p>Age Factors: The age factor table used to develop age specific rates is the standard table provided by CMS and required in the state of Colorado.</p> <p>Tobacco Use Factor: KFHP will be applying a flat 1.15 rating load for tobacco use for ages 21 and older. Due to system limitations related to the federal rate template, a flat load is being applied to all ages. Data provided in a past KFHP individual rate filing (SERFF tracking #KFHP-127905803) supports a factor higher than 1.15, but the factor has been limited so as to comply with the anticipated maximum allowable load in the state of Colorado.</p>

A: SUMMARY 6. Policy/Rider Impacted:

PLAN MARKETING NAME	Exchange	2014 EVIDENCE OF COVERAGE (EOC) DOCUMENT FOOTER/NAME
KPIF KP CO Gold 0/20	On	KPIF_IX_HMO_Gold_0_20_EOC(01-14)
KPIF KP CO Gold 1000/20	On	KPIF_IX_DHMO_GOLD_1000_20_EOC(01-14)
KPIF CO Silver 1500/30	On	KPIF_IX_DHMO_Silver_1500_30_EOC(01-14)
KPIF KP CO Silver 2500/30	On	KPIF_IX_DHMO_Silver_2500_30_EOC(01-14)
KPIF KP CO Silver 1750/25%/HSA	On	KPIF_IX_HDHP_Silver_1750_25%_EOC(01-14)
KPIF KP CO Silver 1500/30/CSR	On	KPIF_IX_DHMO_Silver_1500_30_CSR_EOC(01-14)
KPIF KP CO Silver 0/15/CSR	On	KPIF_IX_DHMO_Silver_0_15_CSR_EOC(01-14)
KPIF KP CO Silver 0/5/CSR	On	KPIF_IX_DHMO_Silver_0_5_CSR_EOC(01-14)
KPIF KP CO Silver 1,300/20%/CSR/HSA	On	KPIF_IX_HDHP_Silver_1300_20%_CSR_EOC(01-14)
KPIF KP CO Silver 500/10%/CSR/HSA	On	KPIF_IX_HDHP_Silver_500_10%_CSR_EOC(01-14)
KPIF KP CO Silver 100/5%/CSR/HSA	On	KPIF_IX_HDHP_Silver_100_5%_CSR_EOC(01-14)
KPIF KP CO Bronze 4500/50	On	KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 4500/50/HSA	On	KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 5000/30%/HSA	On	KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14)
KPIF KP CO Catastrophic 6350/0	On	KPIF_IX_CAT_6350_0_EOC(01-14)
KPIF KP CO 0/0 AI	On	KPIF_IX_AI_0_0_EOC(01-14)
KPIF KP CO Gold 0/20/Dental	Off	KPIF_OX_HMO_Gold_0_20_EOC(01-14)
KPIF KP CO Gold 1000/20/Dental	Off	KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14)
KPIF CO Silver 1500/30/Dental	Off	KPIF_OX_DHMO_Silver_1500_30_EOC(01-14)
KPIF KP CO Silver 2500/30/Dental	Off	KPIF_OX_DHMO_Silver_2500_30_EOC(01-14)
KPIF KP CO Silver 1750/25%/HSA/Dental	Off	KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14)
KPIF KP CO Bronze 4500/50/Dental	Off	KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 4500/50/HSA/Dental	Off	KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 5000/30%/HSA/Dental	Off	KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14)
KPIF KP CO Catastrophic 6350/0/Dental	Off	KPIF_OX_CAT_6350_0_EOC(01-14)

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available)		N/A (Initial Filing)			
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE		
Effective Date	Average % of change	Cumulative for past 12 Months
Additional Information:		

L. DATA REQUIREMENTS

Colorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO

Year*	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	64,638,716	49,647,174	16,107	49,663,281	76.8%	28,554	335,994	83,413,105
2011	70,691,744	62,356,901	97,872	62,454,773	88.3%	28,791	356,586	84,107,642
2012	74,633,036	54,880,816	3,753,855	58,634,671	78.6%	27,453	345,044	80,197,493
2013								

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for: Prior Comparable Products: Total grandfathered and non-grandfathered KFHP of CO individual HMO business. 2010 premium values shown assume standard revenue collection and exclude KP/DOI premium refund agreements.

OTHER DATA

Year	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Average Covered Lives	Number of Claims
2011	19,156,382	15,257,642	17,154	15,274,796	8,644	101,703
2012	28,670,878	20,800,520	1,560,562	22,361,082	11,333	138,248
2013						

Above data is for: Prior Comparable Products: Total non-grandfathered KFHP of CO individual HMO business (subset of table above)

Experience Period: (From to)

Additional Information:

Claims counts represent encounters for internal KP expenses, claim information such as inpatient days and outpatient visits for external claims, and number of scripts for Pharmacy.

M. SIDE-BY-SIDE COMPARISON		N/A (Initial Filing)	
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.			
Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	105,350,000	80,722,000	76.6%
Projected Experience With Rate Change	105,350,000	80,722,000	76.6%
Additional Information	Reflects 2014 exposure of expected new product entrants		

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:

Enter Your Member and Claim information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid:

Dec-12

Costs Represent Allowed Claims for total grandfathered+non-grandfathered KFHP of CO individual HMO business; not all members had pharmacy benefits in experience period

Notes:

Row #	Month	Medical			Pharmacy			Medical	Pharmacy	Total
		Members	Total Incurred Claims	Estimated IBNR Claims	Members	Total Incurred Claims	Estimated IBNR Claims	12-Month pmpm	12-Month pmpm	12-Month pmpm
1	Jan-09	26,208	\$4,102,603	\$0	8,353	\$360,744	\$0	---	---	---
2	Feb-09	26,128	\$4,664,676	\$0	8,881	\$371,515	\$0	---	---	---
3	Mar-09	26,241	\$3,944,154	\$0	9,381	\$405,802	\$0	---	---	---
4	Apr-09	26,274	\$4,041,725	\$7	9,768	\$374,898	\$0	---	---	---
5	May-09	26,360	\$4,082,942	\$24	10,091	\$348,324	\$0	---	---	---
6	Jun-09	26,448	\$4,871,333	\$55	10,325	\$368,576	\$0	---	---	---
7	Jul-09	26,502	\$4,699,266	\$93	10,694	\$362,524	\$0	---	---	---
8	Aug-09	26,575	\$4,449,084	\$125	11,030	\$334,613	\$0	---	---	---
9	Sep-09	26,685	\$3,664,434	\$58	11,414	\$366,943	\$0	---	---	---
10	Oct-09	27,019	\$4,870,570	\$164	11,975	\$382,401	\$0	---	---	---
11	Nov-09	27,154	\$4,412,325	\$147	12,357	\$364,583	\$0	---	---	---
12	Dec-09	27,326	\$4,707,127	\$276	12,786	\$424,758	\$0	\$165	\$35	\$200
13	Jan-10	27,432	\$4,767,474	\$357	13,912	\$345,796	\$0	\$166	\$34	\$200
14	Feb-10	27,512	\$4,365,960	\$438	14,317	\$335,536	\$0	\$164	\$32	\$196
15	Mar-10	27,668	\$4,892,870	\$1,251	14,655	\$390,076	\$0	\$167	\$31	\$197
16	Apr-10	27,766	\$5,200,094	\$1,493	14,944	\$376,945	\$0	\$169	\$30	\$199
17	May-10	28,058	\$4,588,051	\$1,554	15,371	\$368,275	\$0	\$170	\$29	\$199
18	Jun-10	28,189	\$4,946,050	\$1,778	15,608	\$405,032	\$0	\$169	\$28	\$198
19	Jul-10	28,509	\$4,961,911	\$2,212	16,109	\$367,701	\$0	\$169	\$27	\$196
20	Aug-10	28,855	\$5,431,974	\$2,700	16,602	\$415,880	\$0	\$171	\$27	\$198
21	Sep-10	29,070	\$4,836,146	\$1,643	16,939	\$413,131	\$0	\$173	\$26	\$199
22	Oct-10	29,413	\$5,198,970	\$2,961	17,441	\$409,256	\$1	\$173	\$26	\$199
23	Nov-10	29,998	\$5,233,346	\$3,006	18,106	\$463,833	\$1	\$174	\$25	\$199
24	Dec-10	30,193	\$5,143,821	\$3,000	18,461	\$513,426	\$1	\$174	\$25	\$199
25	Jan-11	29,428	\$5,616,143	\$4,521	17,931	\$429,541	\$1	\$175	\$25	\$200
26	Feb-11	28,710	\$5,417,617	\$4,260	17,472	\$431,199	\$1	\$178	\$25	\$203
27	Mar-11	28,813	\$5,984,652	\$5,928	17,661	\$543,326	\$1	\$180	\$25	\$206
28	Apr-11	28,792	\$5,378,114	\$4,893	17,752	\$554,151	\$1	\$180	\$26	\$206
29	May-11	28,735	\$5,768,573	\$6,479	17,788	\$575,318	\$2	\$183	\$27	\$210
30	Jun-11	28,682	\$6,322,294	\$9,222	17,837	\$595,572	\$2	\$187	\$27	\$214
31	Jul-11	28,696	\$7,730,517	\$17,064	17,945	\$446,509	\$1	\$195	\$27	\$222
32	Aug-11	28,623	\$5,378,026	\$8,065	18,020	\$538,380	\$2	\$195	\$28	\$223
33	Sep-11	28,637	\$5,593,788	\$11,483	18,102	\$495,298	\$3	\$197	\$28	\$225
34	Oct-11	28,752	\$7,369,678	\$23,759	18,330	\$484,715	\$5	\$204	\$28	\$232
35	Nov-11	28,826	\$5,988,637	\$12,673	18,501	\$544,843	\$7	\$207	\$29	\$236
36	Dec-11	28,808	\$5,833,488	\$18,416	18,596	\$568,424	\$6	\$210	\$29	\$239
37	Jan-12	28,261	\$6,000,120	\$25,275	18,244	\$601,745	\$8	\$212	\$30	\$241
38	Feb-12	27,878	\$5,559,123	\$25,921	18,034	\$656,210	\$10	\$213	\$30	\$243
39	Mar-12	27,889	\$6,000,746	\$42,524	18,133	\$569,482	\$318	\$213	\$31	\$244
40	Apr-12	27,669	\$6,148,292	\$85,833	18,028	\$580,228	\$330	\$217	\$31	\$247
41	May-12	27,577	\$5,385,736	\$77,030	18,045	\$599,486	\$344	\$216	\$31	\$247
42	Jun-12	27,538	\$5,078,536	\$99,511	18,143	\$572,472	\$309	\$214	\$31	\$244
43	Jul-12	27,340	\$5,406,245	\$136,969	18,071	\$607,853	\$867	\$208	\$31	\$239
44	Aug-12	27,233	\$5,152,424	\$174,489	18,037	\$614,343	\$865	\$209	\$32	\$240
45	Sep-12	27,170	\$4,794,281	\$288,218	18,100	\$550,098	\$805	\$208	\$32	\$240
46	Oct-12	27,046	\$5,701,099	\$554,608	18,116	\$714,881	\$994	\$206	\$33	\$239
47	Nov-12	26,914	\$4,923,754	\$829,315	18,064	\$657,711	\$851	\$206	\$34	\$240
48	Dec-12	26,918	\$3,682,545	\$2,178,311	18,144	\$625,838	\$28,813	\$207	\$34	\$241

Start Month	End Month	Medical			Pharmacy			One Year Trends		
		Members Months	Total Incurred Claims	Estimated IBNR Claims	Members Months	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	318,920	\$2,510,239	949	127,055	4,465,681	0	---	---	---
Jan-10	Dec-10	342,663	\$9,566,667	22,393	192,465	4,804,887	3	5.6%	-29.0%	-0.5%
Jan-11	Dec-11	345,502	\$2,381,527	126,763	215,935	6,207,276	32	20.7%	15.1%	20.0%
Jan-12	Dec-12	329,433	\$3,832,901	4,518,004	217,159	7,350,347	34,514	-1.1%	18.3%	1.2%

Start Month	End Month	Medical pmpm	Pharmacy pmpm	Total pmpm
Jan-09	Dec-09	165	35	200
Jan-10	Dec-10	174	25	199
Jan-11	Dec-11	210	29	239
Jan-12	Dec-12	207	34	241

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48. Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

Month Through Which Claims are Paid:

Note:

Dec-12
Costs Represent Allowed Claims normalized for demo, geo, and benefit design.

Row #	Month	Medical		Pharmacy		Medical	Pharmacy	Total
		Members	Normalized Incurred Claims	Members	Normalized Incurred Claims	12-Month pmpm	12-Month pmpm	12-Month pmpm
1	Jan-09	26,208	\$3,078,969	8,353	\$337,387	---	---	---
2	Feb-09	26,128	\$3,501,737	8,881	\$348,384	---	---	---
3	Mar-09	26,241	\$2,958,231	9,381	\$380,715	---	---	---
4	Apr-09	26,274	\$3,033,873	9,768	\$352,438	---	---	---
5	May-09	26,360	\$3,064,183	10,091	\$327,731	---	---	---
6	Jun-09	26,448	\$3,647,216	10,325	\$346,179	---	---	---
7	Jul-09	26,502	\$3,517,842	10,694	\$340,735	---	---	---
8	Aug-09	26,575	\$3,329,670	11,030	\$314,594	---	---	---
9	Sep-09	26,685	\$2,743,415	11,414	\$345,315	---	---	---
10	Oct-09	27,019	\$3,639,059	11,975	\$359,311	---	---	---
11	Nov-09	27,154	\$3,282,624	12,357	\$341,433	---	---	---
12	Dec-09	27,326	\$3,486,620	12,786	\$396,406	\$123	\$33	\$156
13	Jan-10	27,432	\$3,520,864	13,912	\$324,624	\$124	\$32	\$156
14	Feb-10	27,512	\$3,216,763	14,317	\$314,529	\$123	\$30	\$153
15	Mar-10	27,668	\$3,597,376	14,655	\$364,927	\$124	\$29	\$153
16	Apr-10	27,766	\$3,817,096	14,944	\$352,001	\$126	\$28	\$154
17	May-10	28,058	\$3,371,565	15,371	\$344,293	\$126	\$27	\$153
18	Jun-10	28,189	\$3,632,092	15,608	\$378,388	\$126	\$26	\$152
19	Jul-10	28,509	\$3,635,446	16,109	\$342,969	\$125	\$25	\$151
20	Aug-10	28,855	\$3,981,545	16,602	\$388,149	\$126	\$25	\$151
21	Sep-10	29,070	\$3,542,522	16,939	\$385,514	\$128	\$24	\$152
22	Oct-10	29,413	\$3,805,630	17,441	\$381,492	\$127	\$24	\$151
23	Nov-10	29,998	\$3,820,521	18,106	\$431,209	\$128	\$24	\$151
24	Dec-10	30,193	\$3,746,257	18,461	\$476,347	\$127	\$23	\$151
25	Jan-11	29,428	\$4,074,396	17,931	\$397,087	\$128	\$23	\$152
26	Feb-11	28,710	\$3,910,037	17,472	\$396,985	\$130	\$23	\$153
27	Mar-11	28,813	\$4,313,248	17,661	\$499,814	\$132	\$24	\$155
28	Apr-11	28,792	\$3,871,179	17,752	\$509,843	\$131	\$24	\$155
29	May-11	28,735	\$4,139,637	17,788	\$527,998	\$133	\$25	\$158
30	Jun-11	28,682	\$4,535,726	17,837	\$546,533	\$136	\$25	\$161
31	Jul-11	28,696	\$5,532,389	17,945	\$408,829	\$141	\$25	\$166
32	Aug-11	28,623	\$3,840,721	18,020	\$492,427	\$141	\$26	\$166
33	Sep-11	28,637	\$3,997,693	18,102	\$453,446	\$142	\$26	\$168
34	Oct-11	28,752	\$5,270,580	18,330	\$443,718	\$147	\$26	\$173
35	Nov-11	28,826	\$4,272,623	18,501	\$498,223	\$148	\$26	\$175
36	Dec-11	28,808	\$4,150,134	18,596	\$518,174	\$150	\$26	\$177
37	Jan-12	28,261	\$4,247,213	18,244	\$546,061	\$151	\$27	\$178
38	Feb-12	27,878	\$3,926,052	18,034	\$594,055	\$152	\$28	\$180
39	Mar-12	27,889	\$4,240,883	18,133	\$514,931	\$152	\$28	\$180
40	Apr-12	27,669	\$4,359,732	18,028	\$523,597	\$154	\$28	\$182
41	May-12	27,577	\$3,812,516	18,045	\$540,833	\$153	\$28	\$181
42	Jun-12	27,538	\$3,603,686	18,143	\$516,062	\$151	\$28	\$179
43	Jul-12	27,340	\$3,852,976	18,071	\$548,698	\$147	\$28	\$175
44	Aug-12	27,233	\$3,693,926	18,037	\$554,121	\$147	\$29	\$176
45	Sep-12	27,170	\$3,516,101	18,100	\$495,979	\$146	\$29	\$175
46	Oct-12	27,046	\$4,316,415	18,116	\$643,804	\$144	\$30	\$174
47	Nov-12	26,914	\$3,963,777	18,064	\$592,007	\$144	\$30	\$174
48	Dec-12	26,918	\$4,028,287	18,144	\$588,180	\$144	\$31	\$175

Start Month	End Month	Medical		Pharmacy		One Year Trends		
		Members Months	Total Incurred Claims	Members Months	Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	318,920	39,283,439	127,055	4,190,628	---	---	---
Jan-10	Dec-10	342,663	43,687,677	192,465	4,484,442	3.5%	-29.4%	-3.4%
Jan-11	Dec-11	345,502	51,908,363	215,935	5,693,077	17.8%	13.2%	17.1%
Jan-12	Dec-12	329,433	47,561,564	217,159	6,658,328	-3.9%	16.3%	-0.9%

Start Month	End Month	Medical pmpm	Pharmacy pmpm	Total pmpm
Jan-00	Jan-09	123	33	156
Jan-00	Jan-10	127	23	151
Jan-00	Jan-11	150	26	177
Jan-00	Jan-12	144	31	175

O. OTHER FACTORS

Effective Date	Base Rate
1/1/2014	\$240.71

Metallic Level	Street Name	Plan Design Factor	Non-EHB Factor	Admin Factor	Exchange Offering
Gold	KP CO Gold 0/20	0.791	1.000	1.261	On
Gold	KP CO Gold 1000/20	0.742	1.000	1.261	On
Silver	KP CO Silver 1500/30	0.672	1.000	1.261	On
Silver	KP CO Silver 2500/30	0.651	1.000	1.261	On
Silver	KP CO Silver 1750/25%/HSA	0.632	1.000	1.261	On
Bronze	KP CO Bronze 4500/50	0.587	1.000	1.261	On
Bronze	KP CO Bronze 4500/50/HSA	0.500	1.000	1.261	On
Bronze	KP CO Bronze 5000/30%/HSA	0.480	1.000	1.261	On
Catastrophic	KP CO Catastrophic 6350/0	0.487	1.000	1.261	On
Gold	KP CO Gold 0/20/Dental	0.813	1.000	1.257	Off
Gold	KP CO Gold 1000/20/Dental	0.763	1.000	1.257	Off
Silver	KP CO Silver 1500/30/Dental	0.693	1.000	1.256	Off
Silver	KP CO Silver 2500/30/Dental	0.672	1.000	1.256	Off
Silver	KP CO Silver 1750/25%/HSA/Dental	0.653	1.000	1.256	Off
Bronze	KP CO Bronze 4500/50/Dental	0.609	1.000	1.255	Off
Bronze	KP CO Bronze 4500/50/HSA/Dental	0.521	1.000	1.255	Off
Bronze	KP CO Bronze 5000/30%/HSA/Dental	0.502	1.000	1.254	Off
Catastrophic	KP CO Catastrophic 6350/0/Dental	0.509	1.000	1.254	Off

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 6	Weld	1.200
Rating Area 7	Pueblo	0.950
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.000
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	1.000

Attained Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

Attained Age	Non Tobacco-Use	Tobacco-Use
20 and Under	1.000	1.000
21	1.000	1.150
22	1.000	1.150
23	1.000	1.150
24	1.000	1.150
25	1.000	1.150
26	1.000	1.150
27	1.000	1.150
28	1.000	1.150
29	1.000	1.150
30	1.000	1.150
31	1.000	1.150
32	1.000	1.150
33	1.000	1.150
34	1.000	1.150
35	1.000	1.150
36	1.000	1.150
37	1.000	1.150
38	1.000	1.150
39	1.000	1.150
40	1.000	1.150
41	1.000	1.150
42	1.000	1.150
43	1.000	1.150
44	1.000	1.150
45	1.000	1.150
46	1.000	1.150
47	1.000	1.150
48	1.000	1.150
49	1.000	1.150
50	1.000	1.150
51	1.000	1.150
52	1.000	1.150
53	1.000	1.150
54	1.000	1.150
55	1.000	1.150
56	1.000	1.150
57	1.000	1.150
58	1.000	1.150
59	1.000	1.150
60	1.000	1.150
61	1.000	1.150
62	1.000	1.150
63	1.000	1.150
64	1.000	1.150
65 and over	1.000	1.150

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment II - Revised 2013.07.15
Required Rate Sample

40 year old non-tobacco user rates for richest and leanest plan in each metal tier

Plan Name	Rating Area							
	1	2	3	4	6	7	8	9
KP CO Gold 0/20/Dental	\$314.38	\$345.81	\$314.38	\$298.66	\$298.66	\$377.25	\$377.25	\$298.66
KP CO Gold 1000/20	\$287.84	\$316.62	\$287.84	\$273.44	\$273.44	\$345.40	\$345.40	\$273.44
KP CO Silver 1500/30/Dental	\$267.76	\$294.54	\$267.76	\$254.37	\$254.37	\$321.31	\$321.31	\$254.37
KP CO Silver 1750/25%/HSA	\$245.16	\$269.68	\$245.16	\$232.91	\$232.91	\$294.20	\$294.20	\$232.91
KP CO Bronze 4500/50/Dental	\$235.12	\$258.63	\$235.12	\$223.36	\$223.36	\$282.14	\$282.14	\$223.36
KP CO Bronze 5000/30%/HSA	\$186.20	\$204.82	\$186.20	\$176.89	\$176.89	\$223.44	\$223.44	\$176.89
KP CO Catastrophic 6350/0/Dental	\$196.35	\$215.99	\$196.35	\$186.54	\$186.54	\$235.63	\$235.63	\$186.54
KP CO Catastrophic 6350/0	\$188.92	\$207.81	\$188.92	\$179.47	\$179.47	\$226.70	\$226.70	\$179.47

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of Colorado
21032
1/1/2014

State: CO
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information																													
Product ID:		HMO																											
Metal:		21012C0041																											
AV Metal Value																													
AV Pricing Value																													
Plan Type:																													
Plan Name																													
Plan ID (Standard Component ID):																													
Exchange Plan?																													
Historical Rate Increase - Calendar Year - 2																													
Historical Rate Increase - Calendar Year - 1																													
Historical Rate of Proposed Rates																													
Effective Dates of Proposed Rates																													
Rate Change % (over prior filing)																													
Rate Change % (over 12 mos prior)																													
Proj'd Per Rate Change % (over Expir. Period)																													
Product Threshold Rate Increase %																													

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible][illegible]

Section III: Experience Period Information

[illegible][illegible]

:tion IV: Projected (12 months following effective date)

[illegible]

[illegible][illegible][illegible]

						Terminated Plans
Bronze	Bronze	Bronze	Catastrophic	Catastrophic	Catastrophic	21032C0017
0.589	0.589	0.589	0.000	0.000	0.000	0.000
0.629	0.629	0.629	0.638	0.638	0.638	0.000
HMO	HMO	HMO	HMO	HMO	HMO	HMO
KP CO Bronze	KP CO Bronze	KP CO Bronze	KP CO	KP CO	KP CO	
5000/30%/HSA/Dental	5000/30%/HSA/Dental	5000/30%/HSA/Dental	Catastrophic 6350/0/Dental	Catastrophic 6350/0/Dental	Catastrophic 6350/0/Dental	Terminated Plans
21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
No	No	No	No	No	No	No
						7.30%
						7.80%
						9.30%
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	0.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100.00%
						#VALUE!

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	
7.17%	7.17%	7.17%	7.17%	7.17%	7.17%	0

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$210.82
0	0	0	0	0	0	135.994
\$0	\$0	\$0	\$0	\$0	\$0	\$38,670,878
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$29,661,827
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	99.50%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.50%
\$0	\$0	\$0	\$0	\$0	\$0	\$7,302,745
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$22,361,082
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$164.43
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$218.13
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$217.04

21032C00610006	21032C00610020	21032C00610021	21032C00610009	21032C00610026	21032C00610027	
\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	\$282.79	\$0.00
7.17%	7.17%	7.17%	7.17%	7.17%	7.17%	-
\$2,029,350	\$2,029,350	\$2,029,350	\$2,029,350	\$2,029,350	\$2,029,350	\$0
99.65%	99.65%	99.65%	99.65%	99.65%	99.65%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	100.00%
\$2,331,728	\$2,331,728	\$2,331,728	\$2,331,728	\$2,331,728	\$2,331,728	
99.65%	99.65%	99.65%	99.65%	99.65%	99.65%	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	100.00%
\$739,215	\$739,215	\$739,215	\$739,215	\$739,215	\$739,215	
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
\$1,592,514	\$1,592,514	\$1,592,514	\$1,592,514	\$1,592,514	\$1,592,514	\$0
\$50,640	\$50,640	\$50,640	\$50,640	\$50,640	\$50,640	
\$74,596	\$74,596	\$74,596	\$74,596	\$74,596	\$74,596	

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment II
Required Rate Sample

40 year old non-tobacco user rates for richest and leanest plan in each metal tier

Plan Name	Rating Area										
	1	2	3	4	5	6	7	8	9	10	11
KP CO Gold 0/20/Dental	\$314.27	\$345.69	\$314.27	\$298.55	\$314.27	\$298.55	\$377.12	\$377.12	\$298.55	\$314.27	\$314.27
KP CO Gold 1000/20	\$287.83	\$316.62	\$287.83	\$273.44	\$287.83	\$273.44	\$345.40	\$345.40	\$273.44	\$287.83	\$287.83
KP CO Silver 1500/30/Dental	\$267.96	\$294.75	\$267.96	\$254.56	\$267.96	\$254.56	\$321.55	\$321.55	\$254.56	\$267.96	\$267.96
KP CO Silver 1750/25%/HSA	\$245.06	\$269.56	\$245.06	\$232.80	\$245.06	\$232.80	\$294.07	\$294.07	\$232.80	\$245.06	\$245.06
KP CO Bronze 4500/50/Dental	\$235.08	\$258.59	\$235.08	\$223.33	\$235.08	\$223.33	\$282.10	\$282.10	\$223.33	\$235.08	\$235.08
KP CO Bronze 5000/30%/HSA	\$186.31	\$204.94	\$186.31	\$177.00	\$186.31	\$177.00	\$223.57	\$223.57	\$177.00	\$186.31	\$186.31
KP CO Catastrophic 6350/0/Dental	\$196.39	\$216.03	\$196.39	\$186.57	\$196.39	\$186.57	\$235.67	\$235.67	\$186.57	\$196.39	\$196.39
KP CO Catastrophic 6350/0	\$189.11	\$208.02	\$189.11	\$179.66	\$189.11	\$179.66	\$226.94	\$226.94	\$179.66	\$189.11	\$189.11

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	Kaiser Foundation Health Plan of Colorado
State & Business Line	Colorado: Individual
NAIC #:	95669
SERFF Filing #:	KFHP-129012749
SERFF Binder Filing #:	KFHP-CO14-125001173

A: SUMMARY	
1. Reason(s):	This memorandum and the accompanying exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) individual products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing is to comply with current and developing Federal and State requirements as indicated by the Affordable Care Act (ACA) and corresponding regulations and interpretations. This filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of premium rates for all of 2014. The discussion within this actuarial memorandum is limited to the information included in this Excel file, the attached Exhibits 1-12, Appendices 1-2, the federal Uniform Rate Review Template, and Attachments I-II being submitted in conjunction with this memorandum.
2. Requested Rate Action:	N/A – Initial product filing
3. Marketing method(s):	KFHP markets and issues their plans through brokers, internet, and direct sales, including on and off the Colorado State Exchange.
4. Premium Classification(s):	Member-level premiums for any given plan vary by geographic location, member demographics, and member tobacco use. The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. Premiums are compliant with the 3:1 age requirement and will vary 1.15:1 for tobacco use for ages 21 and older.
5. Product Description(s):	KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. Products referenced herein cover the required Essential Health Benefits (EHB). KFHP is not including any benefit substitutions in its plans. Pediatric Dental coverage is included with off exchange offerings.
6. Policy/Rider Impacted:	Please see "Forms" tab
7. Age Basis:	Premiums are charged on a renewal age basis
8. Renewability provision:	Guaranteed Renewable
Additional Information:	Benefit ratios as developed on a state requirement are not necessarily comparable to the federal definition of medical loss ratio per the ACA and resulting regulations. In addition to this Actuarial Memorandum, please refer to the "Part III Actuarial Memorandum" for additional details and further discussion regarding the Federal Uniform Rate Review Template.

B. ASSUMPTION, MERGER OR ACQUISITION	
1. Is product part of assumption, acquisition, or merger (from or with another company)?	No
Assumption:	
Acquisition:	
Merger:	
2. If yes, provide name of company(s):	
3. Closing Date of assumption, merger or acquisition:	
Additional Information:	

C. RATING PERIOD	
Proposed Effective Date: (may not say "upon approval")	1/1/2014
Rating Period:	Annual
Rating Period Dates:	1/1/2014 - 12/31/2014

D. EFFECT OF LAW CHANGES	
Identify and quantify changes resulting from mandated benefits and other law changes:	
Additional Information:	N/A

E. RATE HISTORY	
Provide rate changes made in at least the last three years (if available)	N/A (Initial Filing)

F: COORDINATION OF BENEFITS	
Provides actual loss experience net of any savings:	The rating methodology uses actual experience that is net of any collection of coordination of benefit amounts, and therefore results in an equitable reduction in premiums for a policyholders.
Additional Information:	

G. RELATIONSHIP OF BENEFITS TO PREMIUM	
Description	Percentage
Commissions	3.0%
General expenses	11.0%
Medical Management	3.0%
PPACA Fees	2.7%
Exchange Fees	0.7%
Direct Community Charitable Contribution	2.0%
Capital and Contingency Margin	1.0%
Other	0.0%
Total Retention:	23.4%
Targeted Loss Ratio:	76.6%
Additional Information:	<p>Retention includes broker commissions, administrative expenses, medical management expenses, and capital contribution. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, KFHP owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for Kaiser, these are funded through premium rates.</p> <p>Retention also includes the following ACA-related taxes that will apply in 2014: the PCORI fee, the insurer tax, risk adjustment and reinsurance fees, and exchange fees. Risk adjustment, reinsurance, and exchange fees have all been incorporated into the base rate development, whereas the PCORI fee and the insurer tax have been included in the plan level retention adjustment. Please refer to Exhibit 8 for additional information. Also included in retention is KFHP's direct community benefit investment, as required in order to maintain its status as a not-for-profit health plan.</p> <p>It is expected that KFHP will meet the requirements of the federally defined medical loss ratio. The expense loading reflects the operating methods of the company and its anticipated expenses in Colorado. Please see Appendix II for a discussion of administrative expenses included here compared to the annual statement.</p>

H. Capital and Contingency Margin	
1. Capital and Contingency Margin	1%
2. Proposed load in excess of 7% after tax.	
Provide detailed support:	The target capital and contingency margin for 2014 is 1.0% for this block of business. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of their health care services. KFHP does not have investment income attributable to unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses, and therefore it is not considered in the ratemaking process.
Additional Information:	

I. DETERMINATION OF PROPOSED RATES	
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)	
1. Explain, in detail, how rates and/or rate changes were developed:	<p>The following addresses development of the index rate as summarized in Exhibit 1. As indicated in Section K, full credibility has been assumed on the base experience.</p> <p>Calendar year 2012 allowed costs were used as the starting point for development of the market-wide index rate. Due to the timing of the submission, the data included is for medical costs incurred between 1/1/2012 and 12/31/2012, and paid through 12/31/2012.</p> <p>Base period data: The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered individual business, incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates. Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing. Note, costs do not include interest and penalty experience due to regional implementation of a new claim adjudication system mid-2011. Earned premiums represent the dues paid by members for coverage during the experience period. No rebates were payable during the experience period.</p> <p>Incurred Estimates: A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels have been set for internal, external and pharmacy categories, for allowed costs, utilization per thousand, and external cost sharing amounts. The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.</p> <p>Adjustments to Base Period Allowed</p> <p>Non-EHB An adjustment has been made to the base period allowed amount to remove the Non-EHB from the Index Rate. To develop this multiplier, historical experience was pulled by</p>

<p>2. Provide adequate support for all assumptions and methodologies used:</p>	<p>detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.</p> <p>This 2012 allowed amount for essential health benefits is considered the experience period index rate. Following is discussion of additional adjustments that have been made to the experience period index rate to project the 2014 index rate.</p> <p>Trend An annual trend assumption of 7.4%, prior to an underwriting wear-off of 3%, was applied from the base period to the projection period. Please refer to Section J. for additional details.</p> <p>Utilization copayment effect adjustment Allowed claims are adjusted for anticipated changes in the average utilization of services due to average cost sharing requirements in the projection period compared to the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. To account for differences in expected utilization due to different plan designs in the projection period and in the base period, an estimate based upon industry standard factors has been made at the plan level to adjust the base period data to what is expected under the new plan designs. This adjustment includes the impact of adding certain EHB in the new plan designs, such as expanded mental health coverage and pharmacy coverage that did not exist in certain plans. These adjustments are documented in Exhibit 2.</p> <p>Demographic and Geographic Area Normalization Differences in expected average age and area of the population are also applied to the base period claims experience to project 2014 experience. An experience period average age was derived by applying 2012 member months to the CMS age factors. 2012 membership distribution by age is summarized in Exhibit 3. A similar process was performed on all existing populations expected to migrate to the individual market. An average age factor for the previously uninsured population was developed based upon an industry study for Colorado. An average 2014 age factor was determined by blending these populations. Similar adjustments were made based upon 2012 membership distribution by geographic area compared to expected 2014 membership distribution by area. The distributions were applied to the proposed geographic rating factors. Please refer to Exhibit 4 for these distributions.</p>
	<p>Changes in Morbidity The morbidity adjustments include underwriting wearoff, changes in morbidity of due to the guarantee issue requirement, and pent-up demand of the currently uninsured. An assumed underwriting wearoff factor has been applied to reflect the fact that the underlying experience is that of a newly underwritten block. Changes in morbidity due to the guarantee issue requirement have been developed by blending expected morbidity of different populations into a single risk pool. The development of these factors along with the documentation of assumptions is included in Exhibit 5.</p> <p>Pediatric dental KFHP will be offering embedded pediatric dental in its off exchange plans. This coverage is provided by Delta Dental; a capitation amount has been provided to KFHP and incorporated into the index rate. Please refer to Exhibit 6 for additional information.</p> <p>The resulting projected allowed cost PMPM for coverage which includes only EHB is the projected period index rate.</p> <p>Adjustments to the Index Rate</p> <p>Risk Adjustment, Reinsurance, and Exchange Fees: An adjustment is made to the index rate to reflect risk adjustment payments anticipated in the rating period based on the expected risk profile relative to the market. Exhibit 5 documents the development of this risk adjustment factor. An adjustment is also made to the index rate to reflect expected reinsurance recoveries, which in 2014 are 80% of all claims dollars between \$60,000 and \$250,000 per claim. Please refer to Exhibit 7 for additional information. A market-wide adjustment is also made to reflect the fees associated with these two programs. Exhibit 8 illustrates the development of this adjustment, as well as the development of the Exchange fee multiplier, also applied to the market-wide index rate.</p>
	<p>Normalization: Additional factors are then applied to the adjusted index rate in order to normalize it to a base rate reflecting all 1.0 rating factors so that these factors can be applied in order to develop individual rates. This normalization includes applying an average utilization copayment adjustment for all plans offered in 2014 in order to true up utilization to what would be expected under a situation of 100% coverage since the reference plan used as the basis for the AV pricing values is a \$0 cost share plan. Additional normalization factors are age (Exhibit 3), area (Exhibit 4), tobacco use (Exhibit 10), and the contract limit of 3 children adjustment (Exhibit 9), all applied in order to normalize to factors of 1.0.</p> <p>Plan Level Adjustments: Plan level adjustments are then applied to the adjusted, normalized index rate to reflect the following:</p> <ul style="list-style-type: none"> • The actuarial value and cost sharing design of the plan • Administrative costs, excluding Exchange user fees and reinsurance and risk adjustment fees • With respect to catastrophic plans, the expected impact of the specific eligibility categories <p>Medical plan factors have been developed using industry standard data in a model from an independent national actuarial consulting firm, calibrated to KFHP Colorado experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. Therefore, these plan factors reflect both member cost share and the resulting dampening of expected utilization due to those cost shares. The underlying population within the model is a standard population of KFHP Colorado membership; this same population was used to calculate plan factors for all plan designs. Resulting medical plan factors were then blended with pediatric dental factors in order to reflect differences for plans with and without pediatric dental coverage. Please refer to Exhibit 11 for additional information.</p> <p>As discussed above, administrative costs for medical benefits were developed at an aggregate level for all plans based on historical administrative cost PMPMs trended to 2014, taking into account any expected changes in costs. These were then blended with administrative loads for pediatric dental benefits at the plan level to reflect different administrative costs for plans with and without embedded pediatric dental. Please refer to Exhibit 11 for additional information.</p> <p>The catastrophic plan risk pool adjustment includes two components, a morbidity impact and an age impact. Additional information regarding these adjustments can be found in Exhibit 5 (morbidity) and Exhibit 12 (age). This adjustment has been applied to within the plan design factor in the rate manual.</p>

J. TREND	
Itemized trend component	Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs Trend (%)
MEDICAL TREND (total)	7.0%
PHARMACEUTICAL TREND (total)	10.0%
INSURANCE TREND - Due to UW wearoff	1.5%
TOTAL AVERAGE ANNUALIZED TREND (required)	9.0%

Additional information:	<p>The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, the projected total annual expense trend of 9.0% has been assumed based upon regional revenue requirements and analysis of prior Kaiser experience. This includes an annual base medical/pharmacy trend of 7.4% and a 2013 to 2014 underwriting wearoff impact of 3% (approximately 1.5% annually when spread across two years).</p> <p>For reference, historical trend experience has been included in additional tabs reflecting allowed and normalized data</p>
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K. CREDIBILITY	
1. Credibility Percentage (Colorado Only):	100%
The above credibility percentage is based upon:	Life Years & Claims
Other (please specify)	
2. Number of years of data used to calculate above credibility percentage:	1
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	Base membership exposure and claim counts exceed 2000.
Additional Information: (including collateral data, if used)	

L. DATA REQUIREMENTS	Please see tab "Data Requirements"
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M. SIDE-BY-SIDE COMPARISON	N/A; please see Section O.
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N. BENEFITS RATIO PROJECTIONS	Please see "Projected Benefits Ratio"
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O. OTHER FACTORS	
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	Please see tab "Other Rating Factors"
Additional Information:	<p>The enclosed Attachments I-a through I-i contain all applicable rating factors and rating formulas. The factors discussed below can also be found in the "Other Rating Factors" tab of this memorandum. Note that due to the ways in which the binder templates work, multiple plan IDs needed to be created for every benefit plan. For reference, Attachment I-d includes a mapping from plans to the HIOS Plan IDs that are required to be used in the URRT.</p> <p>Area Factors: The area factor table used to develop area specific rates was determined from company experience normalized for risk scores and demographic adjustments. Please see Appendix I-a and I-b for additional details.</p> <p>Age Factors: The age factor table used to develop age specific rates is the standard table provided by CMS and required in the state of Colorado.</p> <p>Tobacco Use Factor: KFHP will be applying a flat 1.15 rating load for tobacco use for ages 21 and older. Due to system limitations related to the federal rate template, a flat load is being applied to all ages. Data provided in a past KFHP individual rate filing (SERFF tracking #KFHP-127905803) supports a factor higher than 1.15, but the factor has been limited so as to comply with the anticipated maximum allowable load in the state of Colorado.</p>

A: SUMMARY 6. Policy/Rider Impacted:

PLAN MARKETING NAME	Exchange	2014 EVIDENCE OF COVERAGE (EOC)
		DOCUMENT FOOTER/NAME
KPIF KP CO Gold 0/20	On	KPIF_IX_HMO_Gold_0_20_EOC(01-14)
KPIF KP CO Gold 1000/20	On	KPIF_IX_DHMO_GOLD_1000_20_EOC(01-14)
KPIF CO Silver 1500/30	On	KPIF_IX_DHMO_Silver_1500_30_EOC(01-14)
KPIF KP CO Silver 2500/30	On	KPIF_IX_DHMO_Silver_2500_30_EOC(01-14)
KPIF KP CO Silver 1750/25%/HSA	On	KPIF_IX_HDHP_Silver_1750_25%_EOC(01-14)
KPIF KP CO Silver 1500/30/CSR	On	KPIF_IX_DHMO_Silver_1500_30_CSR_EOC(01-14)
KPIF KP CO Silver 0/15/CSR	On	KPIF_IX_DHMO_Silver_0_15_CSR_EOC(01-14)
KPIF KP CO Silver 0/5/CSR	On	KPIF_IX_DHMO_Silver_0_5_CSR_EOC(01-14)
KPIF KP CO Silver 1,300/20%/CSR/HSA	On	KPIF_IX_HDHP_Silver_1300_20%_CSR_EOC(01-14)
KPIF KP CO Silver 500/10%/CSR/HSA	On	KPIF_IX_HDHP_Silver_500_10%_CSR_EOC(01-14)
KPIF KP CO Silver 100/5%/CSR/HSA	On	KPIF_IX_HDHP_Silver_100_5%_CSR_EOC(01-14)
KPIF KP CO Bronze 4500/50	On	KPIF_IX_DHMO_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 4500/50/HSA	On	KPIF_IX_HDHP_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 5000/30%/HSA	On	KPIF_IX_HDHP_Bronze_5000_30%_EOC(01-14)
KPIF KP CO Catastrophic 6350/0	On	KPIF_IX_CAT_6350_0_EOC(01-14)
KPIF KP CO 0/0 AI	On	KPIF_IX_AI_0_0_EOC(01-14)
KPIF KP CO Gold 0/20/Dental	Off	KPIF_OX_HMO_Gold_0_20_EOC(01-14)
KPIF KP CO Gold 1000/20/Dental	Off	KPIF_OX_DHMO_GOLD_1000_20_EOC(01-14)
KPIF CO Silver 1500/30/Dental	Off	KPIF_OX_DHMO_Silver_1500_30_EOC(01-14)
KPIF KP CO Silver 2500/30/Dental	Off	KPIF_OX_DHMO_Silver_2500_30_EOC(01-14)
KPIF KP CO Silver 1750/25%/HSA/Dental	Off	KPIF_OX_HDHP_Silver_1750_25%_EOC(01-14)
KPIF KP CO Bronze 4500/50/Dental	Off	KPIF_OX_DHMO_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 4500/50/HSA/Dental	Off	KPIF_OX_HDHP_Bronze_4500_50_EOC(01-14)
KPIF KP CO Bronze 5000/30%/HSA/Dental	Off	KPIF_OX_HDHP_Bronze_5000_30%_EOC(01-14)
KPIF KP CO Catastrophic 6350/0/Dental	Off	KPIF_OX_CAT_6350_0_EOC(01-14)

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available)		N/A (Initial Filing)			
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE		
Effective Date	Average % of change	Cumulative for past 12 Months
Additional Information:		

L. DATA REQUIREMENTS

Colorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO

Year*	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	64,638,716	49,647,174	16,107	49,663,281	76.8%	28,554	335,994	83,413,105
2011	70,691,744	62,356,901	97,872	62,454,773	88.3%	28,791	356,586	84,107,642
2012	74,633,036	54,880,816	3,753,855	58,634,671	78.6%	27,453	345,044	80,197,493
2013								

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for: Prior Comparable Products: Total grandfathered and non-grandfathered KFHP of CO individual HMO business. 2010 premium values shown assume standard revenue collection and exclude KP/DOI premium refund agreements.

OTHER DATA

Year	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Average Covered Lives	Number of Claims
2011	19,156,382	15,257,642	17,154	15,274,796	8,644	101,703
2012	28,670,878	20,800,520	1,560,562	22,361,082	11,333	138,248
2013						

Above data is for: Prior Comparable Products: Total non-grandfathered KFHP of CO individual HMO business (subset of table above)

Experience Period: (From to)

Additional Information:

Claims counts represent encounters for internal KP expenses, claim information such as inpatient days and outpatient visits for external claims, and number of scripts for Pharmacy.

M. SIDE-BY-SIDE COMPARISON		N/A (Initial Filing)	
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.			
Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	105,350,000	80,722,000	76.6%
Projected Experience With Rate Change	105,350,000	80,722,000	76.6%
Additional Information	Reflects 2014 exposure of expected new product entrants		

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:

Enter Your Member and Claim information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid:

Dec-12

Costs Represent Allowed Claims for total grandfathered+non-grandfathered KFHP of CO individual HMO business; not all members had pharmacy benefits in experience period

Notes:

Row #	Month	Medical			Pharmacy			Medical	Pharmacy	Total
		Members	Total Incurred Claims	Estimated IBNR Claims	Members	Total Incurred Claims	Estimated IBNR Claims	12-Month pmpm	12-Month pmpm	12-Month pmpm
1	Jan-09	26,208	\$4,102,603	\$0	8,353	\$360,744	\$0	---	---	---
2	Feb-09	26,128	\$4,664,676	\$0	8,881	\$371,515	\$0	---	---	---
3	Mar-09	26,241	\$3,944,154	\$0	9,381	\$405,802	\$0	---	---	---
4	Apr-09	26,274	\$4,041,725	\$7	9,768	\$374,898	\$0	---	---	---
5	May-09	26,360	\$4,082,942	\$24	10,091	\$348,324	\$0	---	---	---
6	Jun-09	26,448	\$4,871,333	\$55	10,325	\$368,576	\$0	---	---	---
7	Jul-09	26,502	\$4,699,266	\$93	10,694	\$362,524	\$0	---	---	---
8	Aug-09	26,575	\$4,449,084	\$125	11,030	\$334,613	\$0	---	---	---
9	Sep-09	26,685	\$3,664,434	\$58	11,414	\$366,943	\$0	---	---	---
10	Oct-09	27,019	\$4,870,570	\$164	11,975	\$382,401	\$0	---	---	---
11	Nov-09	27,154	\$4,412,325	\$147	12,357	\$364,583	\$0	---	---	---
12	Dec-09	27,326	\$4,707,127	\$276	12,786	\$424,758	\$0	\$165	\$35	\$200
13	Jan-10	27,432	\$4,767,474	\$357	13,912	\$345,796	\$0	\$166	\$34	\$200
14	Feb-10	27,512	\$4,365,960	\$438	14,317	\$335,536	\$0	\$164	\$32	\$196
15	Mar-10	27,668	\$4,892,870	\$1,251	14,655	\$390,076	\$0	\$167	\$31	\$197
16	Apr-10	27,766	\$5,200,094	\$1,493	14,944	\$376,945	\$0	\$169	\$30	\$199
17	May-10	28,058	\$4,588,051	\$1,554	15,371	\$368,275	\$0	\$170	\$29	\$199
18	Jun-10	28,189	\$4,946,050	\$1,778	15,608	\$405,032	\$0	\$169	\$28	\$198
19	Jul-10	28,509	\$4,961,911	\$2,212	16,109	\$367,701	\$0	\$169	\$27	\$196
20	Aug-10	28,855	\$5,431,974	\$2,700	16,602	\$415,880	\$0	\$171	\$27	\$198
21	Sep-10	29,070	\$4,836,146	\$1,643	16,939	\$413,131	\$0	\$173	\$26	\$199
22	Oct-10	29,413	\$5,198,970	\$2,961	17,441	\$409,256	\$1	\$173	\$26	\$199
23	Nov-10	29,998	\$5,233,346	\$3,006	18,106	\$463,833	\$1	\$174	\$25	\$199
24	Dec-10	30,193	\$5,143,821	\$3,000	18,461	\$513,426	\$1	\$174	\$25	\$199
25	Jan-11	29,428	\$5,616,143	\$4,521	17,931	\$429,541	\$1	\$175	\$25	\$200
26	Feb-11	28,710	\$5,417,617	\$4,260	17,472	\$431,199	\$1	\$178	\$25	\$203
27	Mar-11	28,813	\$5,984,652	\$5,928	17,661	\$543,326	\$1	\$180	\$25	\$206
28	Apr-11	28,792	\$5,378,114	\$4,893	17,752	\$554,151	\$1	\$180	\$26	\$206
29	May-11	28,735	\$5,768,573	\$6,479	17,788	\$575,318	\$2	\$183	\$27	\$210
30	Jun-11	28,682	\$6,322,294	\$9,222	17,837	\$595,572	\$2	\$187	\$27	\$214
31	Jul-11	28,696	\$7,730,517	\$17,064	17,945	\$446,509	\$1	\$195	\$27	\$222
32	Aug-11	28,623	\$5,378,026	\$8,065	18,020	\$538,380	\$2	\$195	\$28	\$223
33	Sep-11	28,637	\$5,593,788	\$11,483	18,102	\$495,298	\$3	\$197	\$28	\$225
34	Oct-11	28,752	\$7,369,678	\$23,759	18,330	\$484,715	\$5	\$204	\$28	\$232
35	Nov-11	28,826	\$5,988,637	\$12,673	18,501	\$544,843	\$7	\$207	\$29	\$236
36	Dec-11	28,808	\$5,833,488	\$18,416	18,596	\$568,424	\$6	\$210	\$29	\$239
37	Jan-12	28,261	\$6,000,120	\$25,275	18,244	\$601,745	\$8	\$212	\$30	\$241
38	Feb-12	27,878	\$5,559,123	\$25,921	18,034	\$656,210	\$10	\$213	\$30	\$243
39	Mar-12	27,889	\$6,000,746	\$42,524	18,133	\$569,482	\$318	\$213	\$31	\$244
40	Apr-12	27,669	\$6,148,292	\$85,833	18,028	\$580,228	\$330	\$217	\$31	\$247
41	May-12	27,577	\$5,385,736	\$77,030	18,045	\$599,486	\$344	\$216	\$31	\$247
42	Jun-12	27,538	\$5,078,536	\$99,511	18,143	\$572,472	\$309	\$214	\$31	\$244
43	Jul-12	27,340	\$5,406,245	\$136,969	18,071	\$607,853	\$867	\$208	\$31	\$239
44	Aug-12	27,233	\$5,152,424	\$174,489	18,037	\$614,343	\$865	\$209	\$32	\$240
45	Sep-12	27,170	\$4,794,281	\$288,218	18,100	\$550,098	\$805	\$208	\$32	\$240
46	Oct-12	27,046	\$5,701,099	\$554,608	18,116	\$714,881	\$994	\$206	\$33	\$239
47	Nov-12	26,914	\$4,923,754	\$829,315	18,064	\$657,711	\$851	\$206	\$34	\$240
48	Dec-12	26,918	\$3,682,545	\$2,178,311	18,144	\$625,838	\$28,813	\$207	\$34	\$241

Start Month	End Month	Medical			Pharmacy			One Year Trends		
		Members Months	Total Incurred Claims	Estimated IBNR Claims	Members Months	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	318,920	\$2,510,239	\$49	127,055	\$4,465,681	0	---	---	---
Jan-10	Dec-10	342,663	\$9,566,667	\$22,393	192,465	\$4,804,887	3	5.6%	-29.0%	-0.5%
Jan-11	Dec-11	345,502	\$2,381,527	\$126,763	215,935	\$6,207,276	32	20.7%	15.1%	20.0%
Jan-12	Dec-12	329,433	\$3,832,901	\$4,518,004	217,159	\$7,350,347	\$4,514	-1.1%	18.3%	1.2%

Start Month	End Month	Medical pmpm	Pharmacy pmpm	Total pmpm
Jan-09	Dec-09	165	35	200
Jan-10	Dec-10	174	25	199
Jan-11	Dec-11	210	29	239
Jan-12	Dec-12	207	34	241

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48. Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

Month Through Which Claims are Paid:

Note:

Dec-12
Costs Represent Allowed Claims normalized for demo, geo, and benefit design.

Row #	Month	Medical		Pharmacy		Medical	Pharmacy	Total
		Members	Normalized Incurred Claims	Members	Normalized Incurred Claims	12-Month pmpm	12-Month pmpm	12-Month pmpm
1	Jan-09	26,208	\$3,078,969	8,353	\$337,387	---	---	---
2	Feb-09	26,128	\$3,501,737	8,881	\$348,384	---	---	---
3	Mar-09	26,241	\$2,958,231	9,381	\$380,715	---	---	---
4	Apr-09	26,274	\$3,033,873	9,768	\$352,438	---	---	---
5	May-09	26,360	\$3,064,183	10,091	\$327,731	---	---	---
6	Jun-09	26,448	\$3,647,216	10,325	\$346,179	---	---	---
7	Jul-09	26,502	\$3,517,842	10,694	\$340,735	---	---	---
8	Aug-09	26,575	\$3,329,670	11,030	\$314,594	---	---	---
9	Sep-09	26,685	\$2,743,415	11,414	\$345,315	---	---	---
10	Oct-09	27,019	\$3,639,059	11,975	\$359,311	---	---	---
11	Nov-09	27,154	\$3,282,624	12,357	\$341,433	---	---	---
12	Dec-09	27,326	\$3,486,620	12,786	\$396,406	\$123	\$33	\$156
13	Jan-10	27,432	\$3,520,864	13,912	\$324,624	\$124	\$32	\$156
14	Feb-10	27,512	\$3,216,763	14,317	\$314,529	\$123	\$30	\$153
15	Mar-10	27,668	\$3,597,376	14,655	\$364,927	\$124	\$29	\$153
16	Apr-10	27,766	\$3,817,096	14,944	\$352,001	\$126	\$28	\$154
17	May-10	28,058	\$3,371,565	15,371	\$344,293	\$126	\$27	\$153
18	Jun-10	28,189	\$3,632,092	15,608	\$378,388	\$126	\$26	\$152
19	Jul-10	28,509	\$3,635,446	16,109	\$342,969	\$125	\$25	\$151
20	Aug-10	28,855	\$3,981,545	16,602	\$388,149	\$126	\$25	\$151
21	Sep-10	29,070	\$3,542,522	16,939	\$385,514	\$128	\$24	\$152
22	Oct-10	29,413	\$3,805,630	17,441	\$381,492	\$127	\$24	\$151
23	Nov-10	29,998	\$3,820,521	18,106	\$431,209	\$128	\$24	\$151
24	Dec-10	30,193	\$3,746,257	18,461	\$476,347	\$127	\$23	\$151
25	Jan-11	29,428	\$4,074,396	17,931	\$397,087	\$128	\$23	\$152
26	Feb-11	28,710	\$3,910,037	17,472	\$396,985	\$130	\$23	\$153
27	Mar-11	28,813	\$4,313,248	17,661	\$499,814	\$132	\$24	\$155
28	Apr-11	28,792	\$3,871,179	17,752	\$509,843	\$131	\$24	\$155
29	May-11	28,735	\$4,139,637	17,788	\$527,998	\$133	\$25	\$158
30	Jun-11	28,682	\$4,535,726	17,837	\$546,533	\$136	\$25	\$161
31	Jul-11	28,696	\$5,532,389	17,945	\$408,829	\$141	\$25	\$166
32	Aug-11	28,623	\$3,840,721	18,020	\$492,427	\$141	\$26	\$166
33	Sep-11	28,637	\$3,997,693	18,102	\$453,446	\$142	\$26	\$168
34	Oct-11	28,752	\$5,270,580	18,330	\$443,718	\$147	\$26	\$173
35	Nov-11	28,826	\$4,272,623	18,501	\$498,223	\$148	\$26	\$175
36	Dec-11	28,808	\$4,150,134	18,596	\$518,174	\$150	\$26	\$177
37	Jan-12	28,261	\$4,247,213	18,244	\$546,061	\$151	\$27	\$178
38	Feb-12	27,878	\$3,926,052	18,034	\$594,055	\$152	\$28	\$180
39	Mar-12	27,889	\$4,240,883	18,133	\$514,931	\$152	\$28	\$180
40	Apr-12	27,669	\$4,359,732	18,028	\$523,597	\$154	\$28	\$182
41	May-12	27,577	\$3,812,516	18,045	\$540,833	\$153	\$28	\$181
42	Jun-12	27,538	\$3,603,686	18,143	\$516,062	\$151	\$28	\$179
43	Jul-12	27,340	\$3,852,976	18,071	\$548,698	\$147	\$28	\$175
44	Aug-12	27,233	\$3,693,926	18,037	\$554,121	\$147	\$29	\$176
45	Sep-12	27,170	\$3,516,101	18,100	\$495,979	\$146	\$29	\$175
46	Oct-12	27,046	\$4,316,415	18,116	\$643,804	\$144	\$30	\$174
47	Nov-12	26,914	\$3,963,777	18,064	\$592,007	\$144	\$30	\$174
48	Dec-12	26,918	\$4,028,287	18,144	\$588,180	\$144	\$31	\$175

Start Month	End Month	Medical		Pharmacy		One Year Trends		
		Members Months	Total Incurred Claims	Members Months	Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	318,920	39,283,439	127,055	4,190,628	---	---	---
Jan-10	Dec-10	342,663	43,687,677	192,465	4,484,442	3.5%	-29.4%	-3.4%
Jan-11	Dec-11	345,502	51,908,363	215,935	5,693,077	17.8%	13.2%	17.1%
Jan-12	Dec-12	329,433	47,561,564	217,159	6,658,328	-3.9%	16.3%	-0.9%

Start Month	End Month	Medical pmpm	Pharmacy pmpm	Total pmpm
Jan-00	Jan-09	123	33	156
Jan-00	Jan-10	127	23	151
Jan-00	Jan-11	150	26	177
Jan-00	Jan-12	144	31	175

O. OTHER FACTORS

Effective Date	Base Rate
1/1/2014	\$240.71

Metallic Level	Street Name	Plan Design Factor	Non-EHB Factor	Admin Factor	Exchange Offering
Gold	KP CO Gold 0/20	0.791	1.000	1.261	On
Gold	KP CO Gold 1000/20	0.742	1.000	1.261	On
Silver	KP CO Silver 1500/30	0.672	1.000	1.261	On
Silver	KP CO Silver 2500/30	0.651	1.000	1.261	On
Silver	KP CO Silver 1750/25%/HSA	0.632	1.000	1.261	On
Bronze	KP CO Bronze 4500/50	0.587	1.000	1.261	On
Bronze	KP CO Bronze 4500/50/HSA	0.500	1.000	1.261	On
Bronze	KP CO Bronze 5000/30%/HSA	0.480	1.000	1.261	On
Catastrophic	KP CO Catastrophic 6350/0	0.487	1.000	1.261	On
Gold	KP CO Gold 0/20/Dental	0.813	1.000	1.257	Off
Gold	KP CO Gold 1000/20/Dental	0.763	1.000	1.257	Off
Silver	KP CO Silver 1500/30/Dental	0.693	1.000	1.256	Off
Silver	KP CO Silver 2500/30/Dental	0.672	1.000	1.256	Off
Silver	KP CO Silver 1750/25%/HSA/Dental	0.653	1.000	1.256	Off
Bronze	KP CO Bronze 4500/50/Dental	0.609	1.000	1.255	Off
Bronze	KP CO Bronze 4500/50/HSA/Dental	0.521	1.000	1.255	Off
Bronze	KP CO Bronze 5000/30%/HSA/Dental	0.502	1.000	1.254	Off
Catastrophic	KP CO Catastrophic 6350/0/Dental	0.509	1.000	1.254	Off

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert,	1.000
Rating Area 4	Larimer	0.950
Rating Area 5	Mesa	1.000
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral,	1.200
Rating Area 9	Otero, Prowers, Rio Grande, Saguache	0.950
Rating Area 10	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	1.000
Rating Area 11	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, Eagle, Garfield, Pitkin, Summit	1.000

Attained Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

Attained Age	Non Tobacco-Use	Tobacco-Use
20 and Under	1.000	1.000
21	1.000	1.150
22	1.000	1.150
23	1.000	1.150
24	1.000	1.150
25	1.000	1.150
26	1.000	1.150
27	1.000	1.150
28	1.000	1.150
29	1.000	1.150
30	1.000	1.150
31	1.000	1.150
32	1.000	1.150
33	1.000	1.150
34	1.000	1.150
35	1.000	1.150
36	1.000	1.150
37	1.000	1.150
38	1.000	1.150
39	1.000	1.150
40	1.000	1.150
41	1.000	1.150
42	1.000	1.150
43	1.000	1.150
44	1.000	1.150
45	1.000	1.150
46	1.000	1.150
47	1.000	1.150
48	1.000	1.150
49	1.000	1.150
50	1.000	1.150
51	1.000	1.150
52	1.000	1.150
53	1.000	1.150
54	1.000	1.150
55	1.000	1.150
56	1.000	1.150
57	1.000	1.150
58	1.000	1.150
59	1.000	1.150
60	1.000	1.150
61	1.000	1.150
62	1.000	1.150
63	1.000	1.150
64	1.000	1.150
65 and over	1.000	1.150

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-a
Rating Formula

Member Rate Calculation

Base Rate	a
Geographic Location Factor	b
Plan Design Factor	c
Non-EHB Factor	d
Administrative Factor	e
Age Factor	f
Tobacco Use Factor	g
<hr/> Member Rate	<hr/> $h = a * b * c * d * e * f * g$

Family - Maximum Child

The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. All child dependents age 21 and older are included in the family premium calculation.

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-b
Base Rate

Effective Date	Base Rate
1/1/2014	\$240.71

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-c
Geographic Rating Factors

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 5	Mesa	1.000
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950
Rating Area 10	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel	1.000
Rating Area 11	Eagle, Garfield, Pitkin, Summit	1.000

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-d
Plan Definitions

Plan "Street Name"	Plan IDs	Exchange Offering
KP CO Gold 0/20	21032CO0410001 21032CO0410010 21032CO0410011	On
KP CO Gold 1000/20	21032CO0410002 21032CO0410012 21032CO0410013	On
KP CO Silver 1500/30	21032CO0410003 21032CO0410014 21032CO0410015	On
KP CO Silver 2500/30	21032CO0410004 21032CO0410016 21032CO0410017	On
KP CO Silver 1750/25%/HSA	21032CO0410005 21032CO0410018 21032CO0410019	On
KP CO Bronze 4500/50	21032CO0410008 21032CO0410024 21032CO0410025	On
KP CO Bronze 4500/50/HSA	21032CO0410006 21032CO0410022 21032CO0410023	On
KP CO Bronze 5000/30%/HSA	21032CO0410007 21032CO0410020 21032CO0410021	On
KP CO Catastrophic 6350/0	21032CO0410009 21032CO0410026 21032CO0410027	On
KP CO Gold 0/20/Dental	21032CO0610001 21032CO0610010 21032CO0610011	Off
KP CO Gold 1000/20/Dental	21032CO0610002 21032CO0610012 21032CO0610013	Off
KP CO Silver 1500/30/Dental	21032CO0610003 21032CO0610014 21032CO0610015	Off
KP CO Silver 2500/30/Dental	21032CO0610004 21032CO0610016 21032CO0610017	Off
KP CO Silver 1750/25%/HSA/Dental	21032CO0610005 21032CO0610018 21032CO0610019	Off
KP CO Bronze 4500/50/Dental	21032CO0610008 21032CO0610024 21032CO0610025	Off
KP CO Bronze 4500/50/HSA/Dental	21032CO0610007 21032CO0610022 21032CO0610023	Off
KP CO Bronze 5000/30%/HSA/Dental	21032CO0610006 21032CO0610020 21032CO0610021	Off
KP CO Catastrophic 6350/0/Dental	21032CO0610009 21032CO0610026 21032CO0610027	Off

**Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors**

**Attachment I-e
Allowable Modifiers by Plan: Plan Design Factor**

Plan Name	Factor
KP CO Gold 0/20	0.791
KP CO Gold 1000/20	0.742
KP CO Silver 1500/30	0.672
KP CO Silver 2500/30	0.651
KP CO Silver 1750/25%/HSA	0.632
KP CO Bronze 4500/50	0.587
KP CO Bronze 4500/50/HSA	0.500
KP CO Bronze 5000/30%/HSA	0.480
KP CO Catastrophic 6350/0	0.487
KP CO Gold 0/20/Dental	0.813
KP CO Gold 1000/20/Dental	0.763
KP CO Silver 1500/30/Dental	0.693
KP CO Silver 2500/30/Dental	0.672
KP CO Silver 1750/25%/HSA/Dental	0.653
KP CO Bronze 4500/50/Dental	0.609
KP CO Bronze 4500/50/HSA/Dental	0.521
KP CO Bronze 5000/30%/HSA/Dental	0.502
KP CO Catastrophic 6350/0/Dental	0.509

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-f
Allowable Modifiers by Plan: Non-EHB

Plan Name	Factor
KP CO Gold 0/20	1.00
KP CO Gold 1000/20	1.00
KP CO Silver 1500/30	1.00
KP CO Silver 2500/30	1.00
KP CO Silver 1750/25%/HSA	1.00
KP CO Bronze 4500/50	1.00
KP CO Bronze 4500/50/HSA	1.00
KP CO Bronze 5000/30%/HSA	1.00
KP CO Catastrophic 6350/0	1.00
KP CO Gold 0/20/Dental	1.00
KP CO Gold 1000/20/Dental	1.00
KP CO Silver 1500/30/Dental	1.00
KP CO Silver 2500/30/Dental	1.00
KP CO Silver 1750/25%/HSA/Dental	1.00
KP CO Bronze 4500/50/Dental	1.00
KP CO Bronze 4500/50/HSA/Dental	1.00
KP CO Bronze 5000/30%/HSA/Dental	1.00
KP CO Catastrophic 6350/0/Dental	1.00

**Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors**

**Attachment I-g
Allowable Modifiers by Plan: Administrative Factor**

Plan Name	Factor
KP CO Gold 0/20	1.261
KP CO Gold 1000/20	1.261
KP CO Silver 1500/30	1.261
KP CO Silver 2500/30	1.261
KP CO Silver 1750/25%/HSA	1.261
KP CO Bronze 4500/50	1.261
KP CO Bronze 4500/50/HSA	1.261
KP CO Bronze 5000/30%/HSA	1.261
KP CO Catastrophic 6350/0	1.261
KP CO Gold 0/20/Dental	1.257
KP CO Gold 1000/20/Dental	1.257
KP CO Silver 1500/30/Dental	1.256
KP CO Silver 2500/30/Dental	1.256
KP CO Silver 1750/25%/HSA/Dental	1.256
KP CO Bronze 4500/50/Dental	1.255
KP CO Bronze 4500/50/HSA/Dental	1.255
KP CO Bronze 5000/30%/HSA/Dental	1.254
KP CO Catastrophic 6350/0/Dental	1.254

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-h
Age Rating Factors

Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

Kaiser Foundation Health Plan of Colorado
Colorado: Individual
Rating Factors

Attachment I-i
Tobacco Use Rating Factors

Age	Non Tobacco-Use	Tobacco-Use
20 and Under	1.000	1.000
21	1.000	1.150
22	1.000	1.150
23	1.000	1.150
24	1.000	1.150
25	1.000	1.150
26	1.000	1.150
27	1.000	1.150
28	1.000	1.150
29	1.000	1.150
30	1.000	1.150
31	1.000	1.150
32	1.000	1.150
33	1.000	1.150
34	1.000	1.150
35	1.000	1.150
36	1.000	1.150
37	1.000	1.150
38	1.000	1.150
39	1.000	1.150
40	1.000	1.150
41	1.000	1.150
42	1.000	1.150
43	1.000	1.150
44	1.000	1.150
45	1.000	1.150
46	1.000	1.150
47	1.000	1.150
48	1.000	1.150
49	1.000	1.150
50	1.000	1.150
51	1.000	1.150
52	1.000	1.150
53	1.000	1.150
54	1.000	1.150
55	1.000	1.150
56	1.000	1.150
57	1.000	1.150
58	1.000	1.150
59	1.000	1.150
60	1.000	1.150
61	1.000	1.150
62	1.000	1.150
63	1.000	1.150
64	1.000	1.150
65 and over	1.000	1.150